



LEICESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT

of the

COUNTY
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1949

G. H. GIBSON, M.B., Ch. B., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH



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COUNTY HEALTH DEPARTMENT,

17, FRIAR LANE,

LEICESTER.

JULY, 1950.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

I have the honour to present the Annual Report on the work of the County Health Department for the year 1949.

The year is noteworthy as being the first full year during which the National Health Service was operative, and the chief feature of the year's work has been adjustment to new conditions. The development of the various services has naturally enough been somewhat erratic. Handicaps in some cases have been lack of definition of relative duties of various central and local authorities, financial considerations, and inability to obtain staff or accommodation.

Some services have shown considerable progress during the year. New infant welfare centres have been opened, the scope of duties of Health Visitors has been widened, while possibly the most noticeable single feature of the year's work has been the steady and successful development of the Domestic Help Service. Some important decisions on policy were taken which, although not materially affecting this year's work, will have considerable effect in the future, such as the decisions to install radio communication in ambulances and to improve and expand the provision of Occupation Centres for the mentally defective. Reference is also made in the report to the decision of the St. John Ambulance Brigade and the Leicester and County Convalescent Homes Society to give up their part as agents for the County in the Ambulance Service; this does not take effect until 1950.

On October 1st, the duties in regard to Designated Milks, formerly the responsibility of the County Council, were transferred to the Ministry of Agriculture and Fisheries. In this report a survey is given of the work carried out while those Orders and Regulations were administered by the Council, and I think it will be agreed that it shows that this was carried out with enthusiasm and success. Improvement in the safety and quality of milk had long been a matter of great interest to the Committee, and inevitably there is cause for regret when duties, to which both members and officials have given much time and work, are taken from the County Council. Mr. Baum, the County Sanitary Officer, secured an important

post in the organisation set up by the Ministry to carry out the transferred functions, and although it is satisfactory to know that his energy and skill will still be applied to this important work, the Council lost by his resignation the services of an officer of exceptional ability, whose reputation extended far beyond the boundaries of the County. One of the Assistant County Sanitary Officers was seconded to the Ministry, and the establishment of the County Sanitary Officer's Section was reduced to meet the new situation.

The new authorities set up by the National Health Service Act—Regional Hospital Boards, Hospital Management Committees, Executive Councils—were settling down to their tasks during the year, and many matters arose which demanded constant discussions between officers of those authorities and of this Department. There are many instances where the responsibilities of those authorities overlap with those of the County Council, and close liaison and genuine co-operation is an absolute necessity.

The general statistics for the year are set out in the beginning of the report and show an increase in population and a slightly decreased infant mortality and maternal mortality. I would call attention to the interest and importance of the statistics in this report and of the graphs which in some cases accompany them. Wherever possible, comparisons are made with previous years and with national figures so that trends of change can be shown.

It is perhaps advisable to point out that the amount of space devoted to any one service is not necessarily an indication of the importance of that service. Where no great change has taken place, comment is restricted to a minimum and most space is given to sections of the Department's work where development is taking place: nevertheless, this report gives an accurate picture of the work of the Department during the year. The arrangement of the various items has been re-designed to provide all the information required in a convenient form, and a full table of contents should facilitate ease of reference.

I think that the record shown can reasonably be claimed as one of steady progress. At the same time it would be foolish to overlook the fact that at this moment there is a feeling of uneasiness and frustration in the Public Health Service generally. The reasons for this are not hard to seek. Recent developments have taken away from the field of activity of the Service much which was of importance and interest. There is a very definite tendency to keep curative and preventive medicine entirely

separate from each other, which seems unwise, if not impossible. In the "brave new world" the limelight appears to play on the curative side and especially on the hospitals; and preventive medicine, despite its very real achievements, appears relegated to a minor role. Comparison of the financial rewards of medical and dental practitioners in the preventive services with those of their professional colleagues in other branches of the National Health Service does not help to counteract that impression, and one serious aspect of the present situation is that recruitment to the medical side of public health work has practically ceased, while the disintegration of the public health dental service is everywhere apparent.

It may be that the set-back to preventive medicine is only temporary, or it may be that it is purely imaginary and that future developments will show that once we have accustomed ourselves to changed circumstances, the way will open for further progress.

Finally, I should like to express my appreciation of the help given by all members of the Committee at this time, and of the great interest they take in the work under their control. It is a very real pleasure to express my gratitude to all members of the staff of the Department and especially to Dr. J. R. Byars, my Deputy, Mr. H. Burditt, Chief Administrative Assistant, and Mr. E. R. Turner for his help in the preparation of this report. No department of the County Council can work in isolation, and I am glad to have the opportunity of placing on record my appreciation of the help so readily given by the heads of other departments and their staffs.

I have the honour to remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. H. GIBSON,

County Medical Officer of Health.

HEALTH COMMITTEE.

J. T. FORSELL, Esq. (*Chairman*)

BLACK, J. W.	MAWBY, G. H.
BUNCE, W. (<i>resigned</i>)	MILLER, W. M.
FREEMAN, M.	NOEL, Mrs. I. B. B., M.B.E.
HARVEY, L. W.	NORMAN, Dr. J. D. F. (<i>appointed</i> <i>Nov., 1949</i>)
HOLMES, J. H.	PICKERING, L. G. W.
HUGHES, J.	POCHIN, V. R. (<i>ex-officio</i>)
KEAY, Mrs. M. E., B.E.M.	PRATT, J.
KING, M.	PRESTON, P. L.
LUTHER, R. M.	SARGANT, Mrs. D. E.
MARSH, Mrs. A. G.	SYMINGTON, S. P.
MARTIN, Lt.-Col. SIR ROBERT, C.M.G. (<i>ex-officio</i>)	WORTLEY, W. O.
	YATES, F.

Members co-opted by the County Council (from outside its membership):

DALLEY, Mrs. C. E.	BOOTH, C. Z. M.
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Members co-opted by the County Council on the nomination of various bodies:

Name.	Representation.
EVERARD, Mrs. B.	Leicestershire County Nursing Association.
MARTIN, Hon. Lady	Leicestershire County Nursing Association.
JENKS, Mrs. S. E.	Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind.
O'DONOVAN, Dr. C.	National Health Service (Leicestershire and Rutland) Executive Council.
DANIELS, Miss P. M.	Voluntary Association for Cripples' Welfare.
COOPER, C. R.	Leicestershire and Rutland Association of Urban Authorities.
DAY, H. A.	Leicestershire and Rutland Association of Rural District Councils.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

County Medical Officer:

School Medical Officer:

G. H. GIBSON, M.B., Ch.B., D.P.H.

Deputy County Medical Officer:

Deputy School Medical Officer:

J. R. BYARS, M.B., Ch.B., D.P.H.

Senior Assistant County Medical Officer:

MARJORIE L. CAMPBELL, M.B., Ch.B., B.A.O., D.P.H.
(*appointed 10/1/49*).

Assistant County Medical Officers:

S. E. MURRAY, M.B., B.S.

DIANA G. PARADISE, M.D., B.S., D.C.H.

MARGARET O. CRUICKSHANK, M.A., M.R.C.S., L.R.C.P.

CONSTANCE WALTERS, B.Sc., M.B., Ch.B.

Assistant County Medical Officer:

School Medical Officer, North Divisional Executive:

Medical Officer of Health, Loughborough Municipal Borough:

R. C. HOLDERNESS, M.B., B.S., D.P.H.

Assistant County Medical Officer:

Assistant School Medical Officer, North Divisional Executive:

H. T. PHILLIPS, M.B., B.S.

Assistant County Medical Officer:

Medical Officer of Health, Barrow-upon-Soar Rural District:

J. W. HALL, M.D., B.Hy., D.P.H. (*appointed 1/1/49*).

Assistant County Medical Officer:

Medical Officer of Health, Oadby and Wigston Urban Districts: and
Market Harborough Rural District:

R. W. KIND, M.R.C.S., L.R.C.P., D.P.H. (*appointed 1/2/49*).

Chest Physician and Chief Tuberculosis Officer:

N. A. COWARD, O.B.E., M.D., D.P.H. (*joint duties with Sheffield
Regional Hospital Board and County Council*).

Chest Physician and Tuberculosis Medical Officer:

S. W. LANE, M.B., B.S. (*joint duties with Sheffield Regional
Hospital Board and County Council*).

STAFF—(Continued).

Chief Dental Surgeon :

P. ASHTON, L.D.S.

Assistant Dental Surgeons :

A. E. WARD, L.D.S.

C. L. R. McLELLAN, L.D.S.

D. R. A. WILCOX, L.D.S.

W. G. CAMPBELL, L.D.S.

M. SMITH, L.D.S.

Mrs. MILDA KERVE, D.D.D. (*Latvia*).

R. LATIMER, L.D.S. (*Part-time*).

County Sanitary Officer :

W. W. BAUM, M.B.E., F.R.San.I., F.S.I.A. (*resigned 30/9/49*).

Assistant County Sanitary Officers :

E. F. RODWELL, Cert.S.I.B., M.S.I.A. (*seconded to Ministry of Agriculture and Fisheries 31/10/49*).

S. A. GREGORY, Cert.S.I.B., M.S.I.A.

Superintendent Health Visitor and School Nurse (*combined duties*):

Miss G. I. CARRYER, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Health Visitor and School Nurse (*combined duties*):

Miss A. HORNSBY, R.G.N., S.C.M., H.V.Cert.

Non-Medical Supervisor of Midwives:

Miss I. W. BLACKWELL, S.R.N., S.C.M. (*on the staff of the Leicestershire County Nursing Association*).

Domestic Help Organiser :

Mrs. A. L. E. HAMER.

Ambulance Officer :

F. J. CAVE.

Authorised Officers and Mental Health Officers :

W. J. FORDHAM.

Miss M. GAUNT.

L. M. MAGEE (appointed 20.6.49).

Mrs. M. CAMP.

Chief Administrative Assistant :

H. BURDITT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

NATURAL AND SOCIAL CONDITIONS.

Geographically, the County of Leicester is in the centre of England. Its extreme length, north to south, is 44 miles, and east to west 39 miles, with an area of 832 square miles. It has an undulating surface varying from 100 to 912 feet above sea level.

The principal industries are agriculture, mining and quarrying, engineering, hosiery, and boots and shoes.

GENERAL STATISTICAL SUMMARY OF THE COUNTY.

Statistics relating to population, births, and deaths, are provided by the Registrar General who makes the following observations. Two estimates of population are given: (a) for civilians only, and (b) a total population for the area which includes members of H.M. Forces. The civilian population is the basis of calculation used for birth and death rates.

Area comparability factors are given this year for the correction of crude death rates for each County District, and totals of Urban and Rural Districts. These are shown in Table 6 at the end of the Report.

The numbers of births, stillbirths, and deaths, allocated to the area are those registered during the year as adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the administrative County.

Area in acres	...	Urban	56,860				
		Rural	458,548	...	...	...	515,408
Population (Census 1931, adjusted for subsequent changes in boundary):		Urban	133,227				
		Rural	150,690	...	...	...	283,917
Population (Registrar General's estimates, 1949):							
Civilian population:		Urban	160,490				
		Rural	181,710	...	...	...	342,200
Total population:		Urban	161,100				
		Rural	183,700	...	...	...	344,800
Rateable value as at 1st April, 1949	...			...	...	...	£1,651,230
Estimated product of penny rate, 1949-1950				...	...	...	£6,446

Births:

Live births:					<u>Male</u>	<u>Female</u>	<u>Total</u>	
Legitimate	...	...	...	...	2,871	2,839	5,710
Illegitimate	...	...	...	...	126	100	226
Total live births		...	...	...	2,997	2,939	5,936
Birth rate per thousand population					...	...	17.35
Legitimate birth rate per thousand population						...	16.68	
Illegitimate birth rate per thousand population						...	0.66	
Illegitimate birth rate per thousand live births						...	38.1	
Stillbirths:								
Legitimate	...	127.	Illegitimate	...	12.	Total	...	139.
Stillbirth rate per thousand population					0.41
Stillbirth rate per thousand, total live and stillbirths							...	22.88
Illegitimate stillbirth rate per thousand, total illegitimate,								
live and stillbirths					50.4

Deaths:

Total civilian deaths	...	...	...	...	...	...	...	3,654
Crude death rate	...	...	...	...	...	...	...	10.68
Deaths from puerperal causes:								
Sepsis	...	2	Other causes	...	3	Total	...	5.
Maternal mortality rate per thousand, total live and still								
births					...	...	...	0.82
Deaths of infants under one year of age:								
Legitimate	...	149	Illegitimate	...	12	Total	...	161
Infant mortality rate per thousand live births:								
Legitimate	...	26.1	Illegitimate	...	53	Total	...	27.1
Deaths from diphtheria (female aged twelve years, not								
immunised)					...	...	...	1
„	„	measles	...	...	...	...	...	3
„	„	whooping cough (all under five years of age)						7
„	„	pulmonary tuberculosis	...	...	...			119
„	„	non-pulmonary tuberculosis			...	...		15
„	„	cancer	...	...	...	...	...	579

POPULATION OF THE COUNTY.

This year the Registrar General estimates the civilian population to be 342,200, a new high record. He also gives an estimate of the total population 344,800 which includes members of H.M. Forces. The following gives the estimated populations in the County Districts and shows a comparison with the previous year.

				Year 1948	Year 1949	
					Civilian	Total
Urban Districts:						
Ashby-de-la-Zouch	...	...		6,352	6,382	6,382
Ashby Woulds	...	...		3,238	3,288	3,288
Coalville	...	...	...	25,300	25,570	25,570
Hinckley	...	...	...	38,580	38,750	38,750
Loughborough M.B.	...	...	...	35,280	35,570	35,820
Market Harborough	...	...	...	10,340	10,500	10,500
Melton Mowbray	...	...	...	13,230	13,350	13,610
Oadby	...	...	...	5,802	6,070	6,070
Shepshed	...	...	...	6,058	6,130	6,130
Wigston	...	...	...	14,780	14,880	14,980
Rural Districts:						
Ashby-de-la-Zouch	...	...		13,650	13,660	13,660
Barrow-upon-Soar	...	...		45,230	46,520	46,970
Billesdon	...	...	...	7,491	7,798	8,538
Blaby	...	...	...	38,050	38,360	38,360
Castle Donington	...	...	...	9,209	9,422	9,422
Lutterworth	...	...	...	11,670	11,640	11,640
Market Bosworth	...	...	...	25,400	25,760	25,760
Market Harborough	...	...	...	9,810	9,900	9,920
Melton and Belvoir	...	...	...	18,240	18,650	19,430
Totals:						
Urban Districts	...	...		158,960	160,490	161,100
Rural Districts	...	...		178,840	181,710	183,700
Whole County	...	...	...	337,800	342,200	344,800

LIVE BIRTHS.

The following table gives the numbers of births, and the corresponding rates per thousand population during the last ten years.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1940	2275	15.4	2449	14.9	4724	15.1	14.6
1941	2349	15.1	2453	14.2	4802	14.6	14.2
1942	2718	18.1	2790	16.6	5508	17.3	15.8
1943	2930	19.9	3172	19.2	6102	19.6	16.5
1944	3120	21.3	3416	20.8	6536	21.1	17.6
1945	2859	19.7	2924	18.0	5783	18.8	16.1
1946	3222	21.4	3341	19.9	6563	20.6	19.1
1947	3366	21.8	3582	20.7	6948	21.2	20.5
1948	3050	19.2	3313	18.5	6363	18.8	17.9
1949	2867	17.9	3069	16.9	5936	17.4	16.7

Of the 5,936 births, 2,997 were males and 2,939 were females; a ratio of 102.0 males to 100 female births.

INFANT MORTALITY.

A new low record has been reached in infant mortality, which is shown in the following table for the last ten years.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1940	112	42	127	50	239	46	55
1941	159	59	106	41	265	50	59
1942	146	54	111	40	257	47	49
1943	134	46	123	39	257	42	49
1944	123	39	122	36	245	37	46
1945	97	34	110	38	207	36	46
1946	134	42	101	30	235	36	43
1947	161	48	137	38	298	43	41
1948	102	33	103	31	205	32	34
1949	81	28	80	26	161	27	32

The following table analyses the deaths under one year into the individual causes of death and shows comparison with the previous year's figures.

DEATHS OF CHILDREN UNDER TWELVE MONTHS OF AGE

(extracted from Table 5)

Cause of death	Year 1948			Year 1949		
	Male	Female	Total	Male	Female	Total
Cerebro-spinal fever ...	—	2	2	—	—	—
Whooping cough ...	2	2	4	4	1	5
Tuberculosis of respiratory system	—	—	—	1	1	2
Other forms of tuberculosis	1	—	1	—	—	—
Syphilitic diseases ...	—	—	—	1	—	1
Influenza ...	2	1	3	—	—	—
Cancer of all other sites ...	—	1	1	—	—	—
Diabetes ...	—	1	1	—	—	—
Bronchitis ...	3	3	6	5	—	5
Pneumonia ...	13	11	24	16	11	27
Other respiratory diseases ...	—	1	1	1	—	1
Diarrhoea under two years ...	7	3	10	1	3	4
Other digestive diseases ...	3	3	6	1	—	1
Nephritis ...	1	—	1	—	—	—
Premature birth ...	35	19	54	35	16	51
Congenital malformation, birth injury, infant diseases	40	32	72	29	22	51
Other violent causes ...	2	2	4	2	5	7
All other causes ...	9	6	15	1	5	6
TOTALS ...	118	87	205	97	64	161

STILLBIRTHS.

The total number of stillbirths was 139 (legitimate 127, illegitimate 12). The rate of 22.9 per thousand total live and stillbirths is the lowest rate returned since the year 1929 when stillbirth records were first made available.

MATERNAL MORTALITY.

It is pleasing to report that a record low maternal mortality rate has been reached for this County as the Leicestershire rate in past years has usually exceeded that for England and Wales. It is, however, far more impressive that a corresponding low rate has been returned for the whole country. Such statistics are really important and should give satisfaction to all connected with maternity services, and confidence for the future.

The following table gives the record of maternal deaths for the past ten years.

Year	Deaths from puerperal sepsis	Deaths from other maternal causes	Total maternal deaths	Rate per thousand live and still births	
				Leicester-shire	England and Wales
1940	6	4	10	1.93	2.16
1941	5	9	14	2.83	2.23
1942	3	10	13	2.28	2.01
1943	3	16	19	3.03	2.29
1944	5	9	14	2.07	1.93
1945	4	12	16	2.69	1.79
1946	1	5	6	0.89	1.43
1947	2	7	9	1.26	1.17
1948	1	9	10	1.53	0.86
1949	2	3	5	0.82	0.82

DEATHS.

The deaths from all causes totalled 3,654 (rate 10.68 per thousand population), as against the previous year's low record of 3,301 deaths (rate 9.77).

The following table gives records of deaths from all causes for the last ten years.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No	Rate	
1940	1809	12.21	2072	12.65	3881	12.44	14.3
1941	1795	11.54	1847	10.68	3642	10.99	12.9
1942	1569	10.45	1730	10.30	3299	10.37	11.6
1943	1657	11.28	1868	11.31	3525	11.29	12.1
1944	1608	11.00	1862	11.35	3470	11.18	11.6
1945	1582	10.90	1831	11.26	3413	11.09	11.4
1946	1641	10.87	1761	10.47	3402	10.66	11.5
1947	1798	11.64	1894	10.96	3692	11.28	12.0
1948	1569	9.87	1732	9.69	3301	9.77	10.8
1949	1731	10.79	1923	10.58	3654	10.68	11.7

A comparative analysis of the deaths in age groups for the years 1948 and 1949 is as follows:—

Age group (years).	Numbers of deaths		Percentages	
	1948	1949	1948	1949
0—	205	161	6.2	4.4
1—	43	41	1.3	1.1
5—	22	35	0.7	1.0
15—	251	266	7.6	7.3
45—	745	822	22.6	22.5
65—	2,035	2,329	61.6	63.7
Totals ...	3,301	3,654		

An interesting feature is that the great majority of deaths occurred in age group 65 years and over; this group also shows the highest proportionate increase over the previous year's figure.

The total of 3,654 deaths was composed of 1,918 male deaths and 1,736 female deaths: an excess of 182 male over female deaths.

The slightly increased death rate is not due to any particular individual cause of death. The increase is spread over the majority of causes, one notable exception being deaths from phthisis. The following table compares the chief causes of death of 1949 with those of the previous year.

Disease	Year 1948		Year 1949	
	No.	Rate	No.	Rate
Heart Disease ...	929	2.75	1,059	3.09
Cancer	561	1.66	579	1.69
Intra-cranial vascular lesions	399	1.18	460	1.34
Bronchitis	152	0.45	180	0.53
Phthisis	119	0.35	119	0.35
Pneumonia	91	0.27	120	0.35
Nephritis	82	0.24	92	0.27

Deaths from heart diseases (1,059), and allied causes of intra-cranial vascular lesions (460) and "other diseases of circulatory system" (166), accounted for 46.1% of the total deaths.

Deaths from cancer continue to increase, reaching a new high record of 579 deaths (rate 1.69) and accounting for 15.8% of the total deaths.

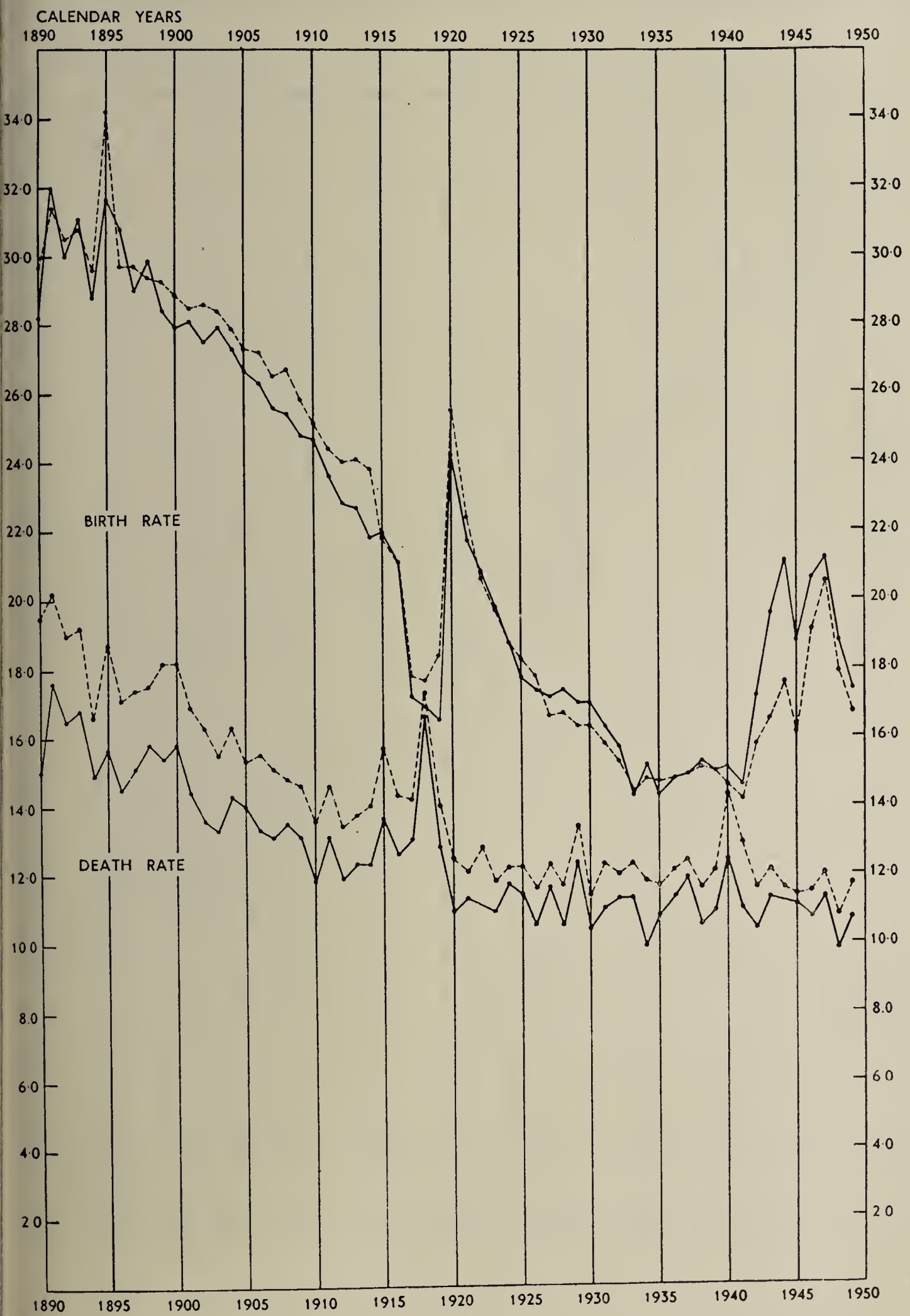
The year's deaths from violent causes showed an increase over the previous year's principally because the year 1948 was remarkably low in this respect. The following table gives an interesting record of deaths from violence from the year 1940. Road traffic accidents were included in "deaths from other violent causes" previous to that year.

Year	Suicide	Road Traffic Accidents	Other Violent Causes	Totals
1940	45	51	115	211
1941	20	72	107	199
1942	25	36	84	145
1943	23	37	93	153
1944	26	34	100	160
1945	27	31	79	137
1946	42	32	65	139
1947	38	41	70	149
1948	20	40	60	120
1949	42	35	79	156

BIRTHS AND DEATHS.

Annual Birth and Death Rates per Thousand Population.

LEICESTERSHIRE ————— ENGLAND AND WALES - - - - -



INFANT MORTALITY.

Annual Death Rate per Thousand Live Births.

LEICESTERSHIRE



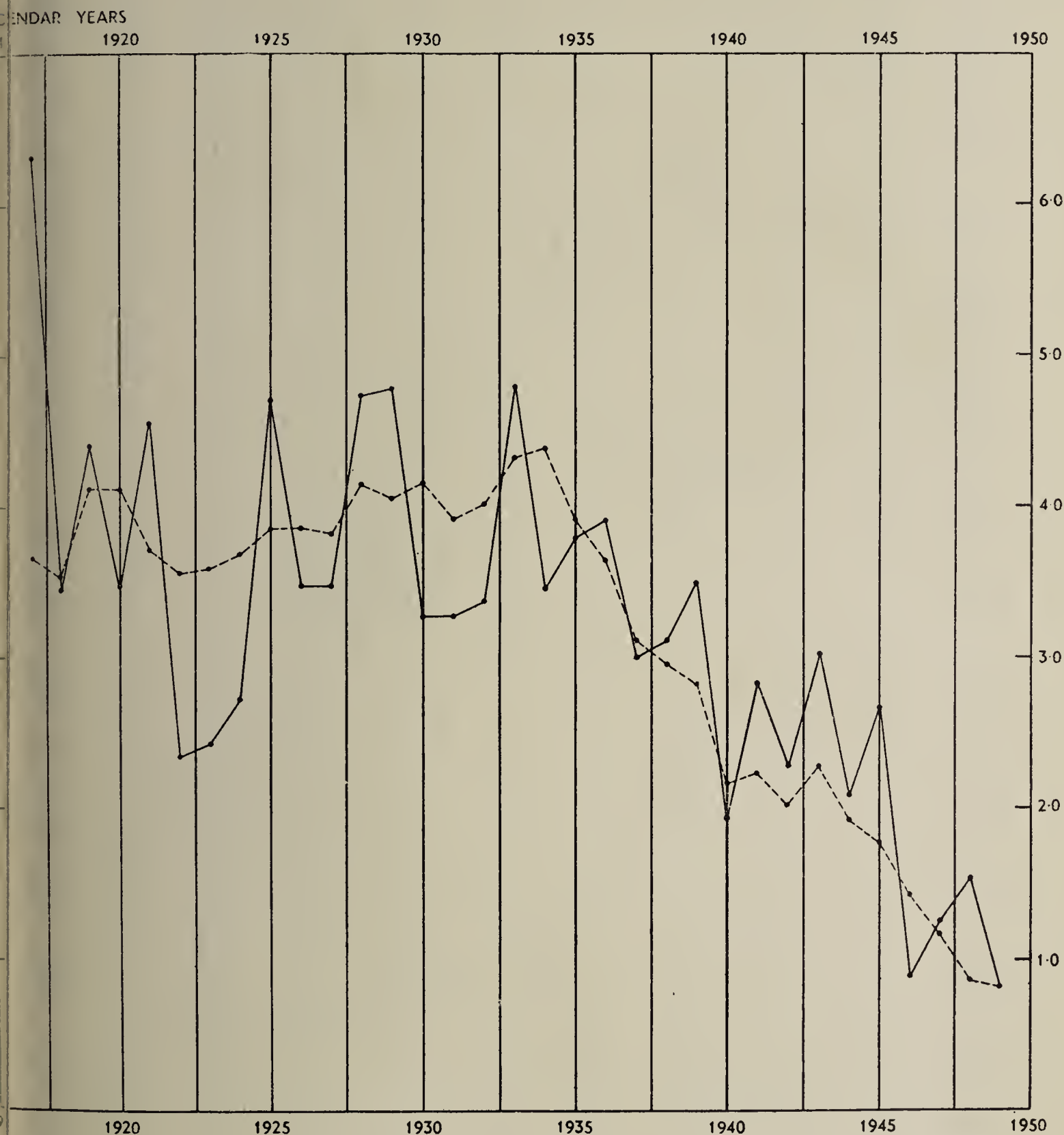
ENGLAND AND WALES



MATERNAL MORTALITY.

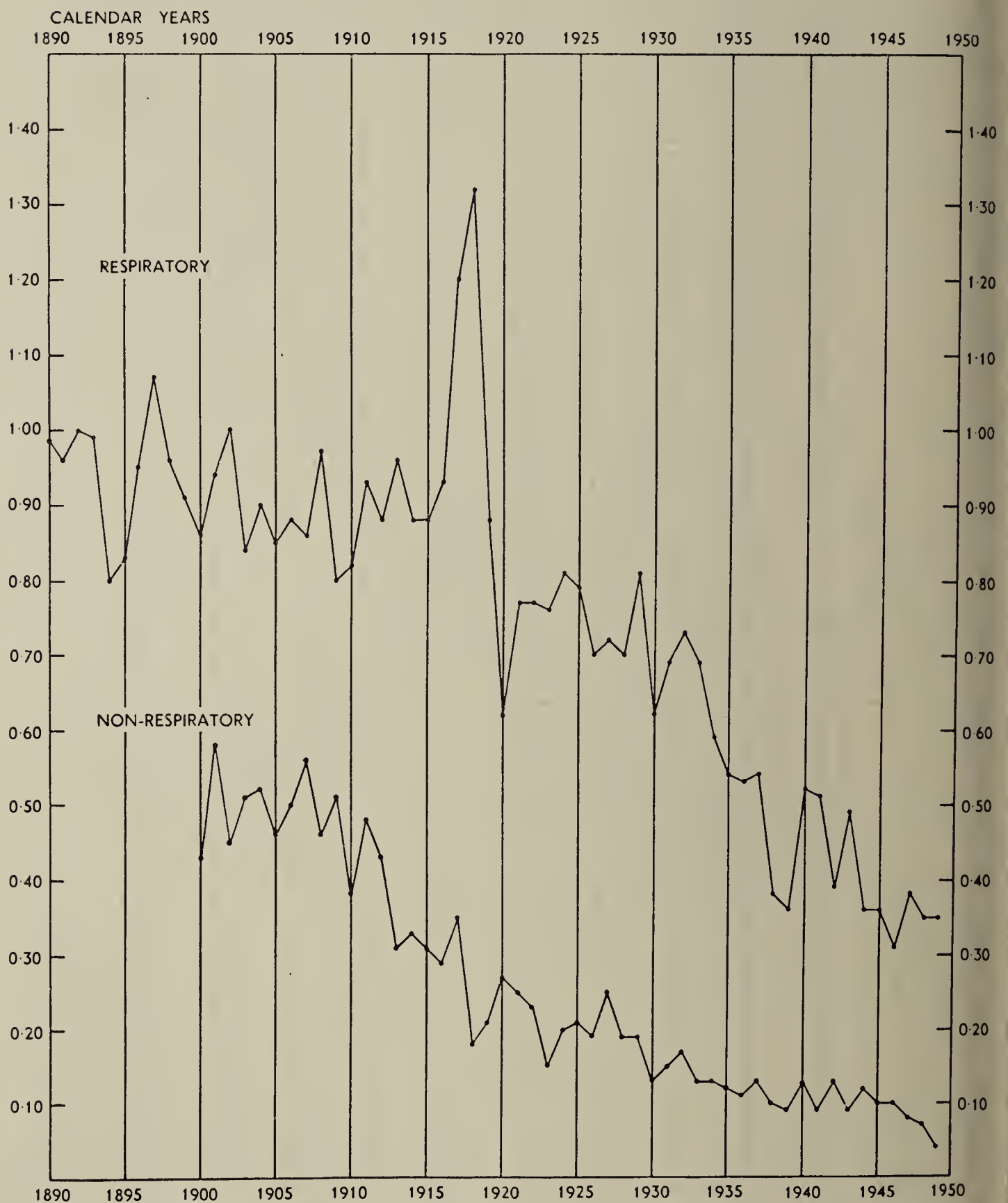
Annual Death Rate per Thousand Live and Still Births.

LEICESTERSHIRE ——— ENGLAND AND WALES - - - - -



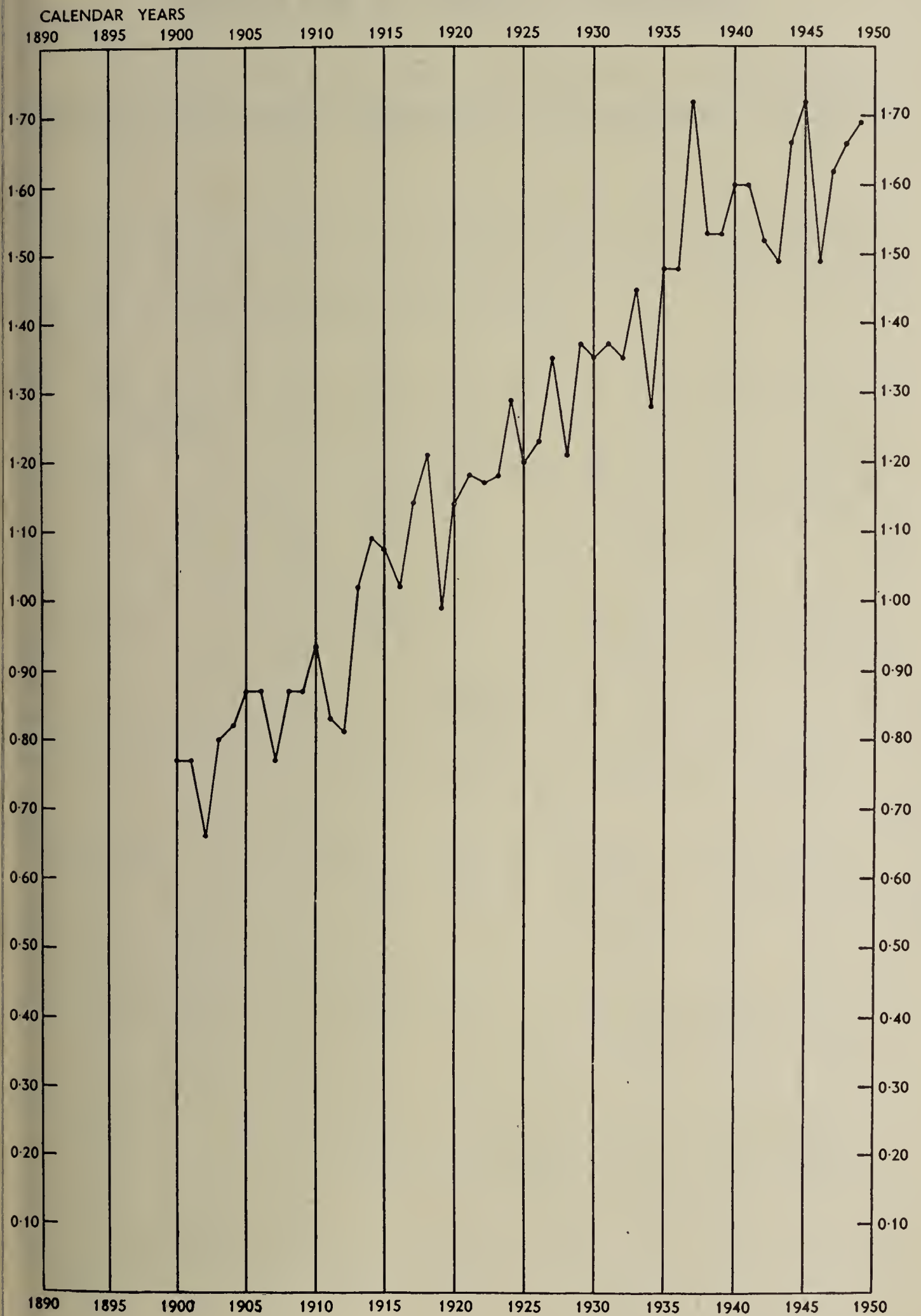
TUBERCULOSIS.

Annual Death Rates per Thousand Population.



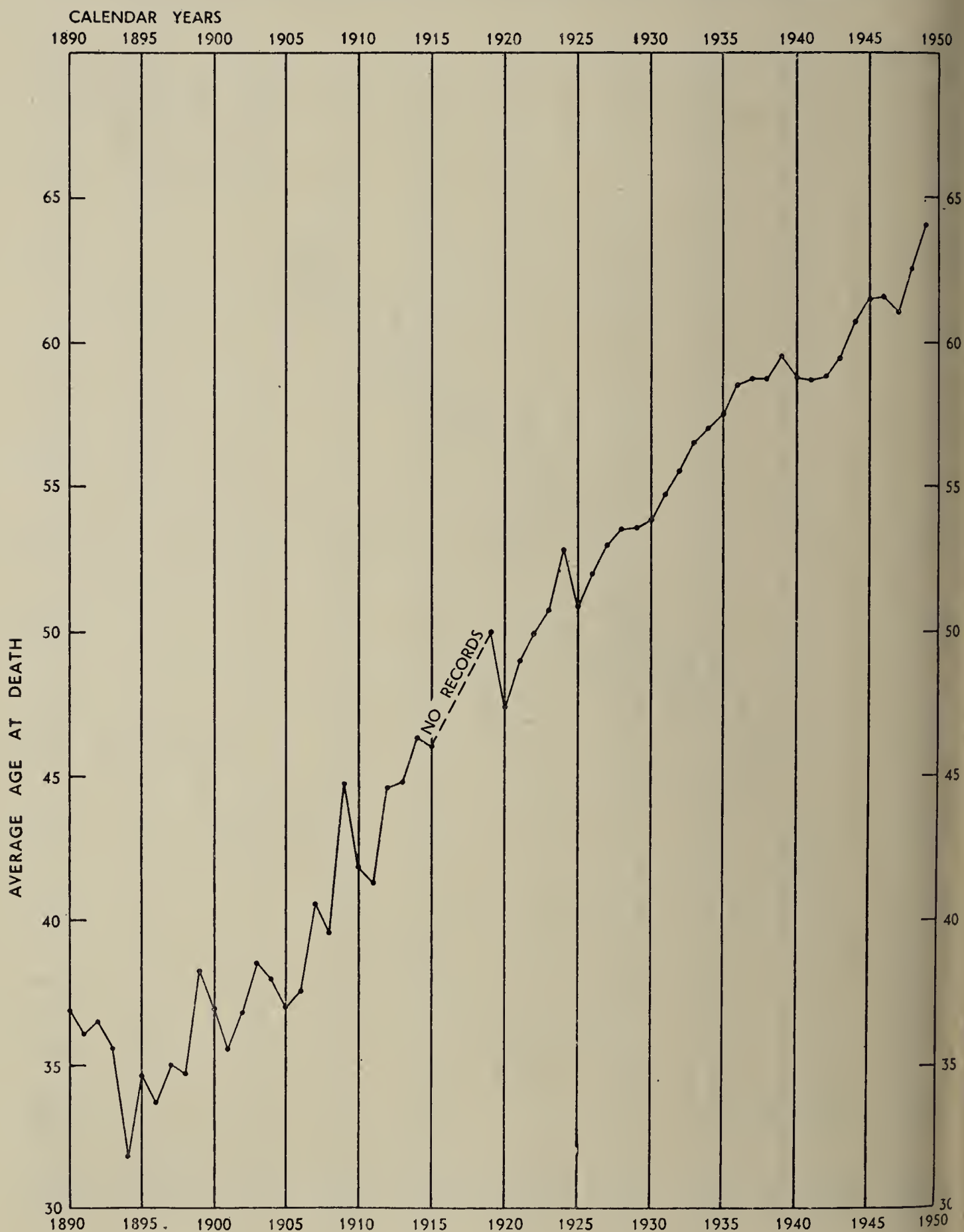
C A N C E R .

Annual Death Rate per Thousand Population.



AVERAGE AGE AT DEATH.

Calculated on Deaths in Age Groups.



GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

National Health Service Act, 1946.

SECTION 21.—HEALTH CENTRES.

As stated in last year's report, the programme for the provision of Health Centres has been postponed on the instructions of the Ministry of Health.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

The following is a list of properties used by the Department for the holding of clinics and infant welfare centres.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
Anstey	... Church Hall, Stadon Road	Infant Welfare Centre. 2nd and 4th Mondays, 2.30 p.m.
Asfordby	... Parish Hall	... Infant Welfare Centre. 2nd and 4th Thursdays, 2.30 p.m.
Ashby-de-la-Zouch	Church Room, Market Street	Infant Welfare Centre. Thursdays, 2 p.m.
Bagworth	... Miners' Institute, Station Road	Infant Welfare Centre. 1st and 3rd Wednesdays, 2.30 p.m.
Barrow-upon-Soar	Church Room	... Infant Welfare Centre. 2nd and 4th Wednesdays, 2.45 p.m.
Barwell	... Wesleyan School- room, Chapel Street	Infant Welfare Centre. 2nd and 4th Thursdays, 2.30 p.m.
Birstall	... Church Room	... Infant Welfare Centre. 2nd and 4th Mondays, 2.30 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
Blaby	... Baptist Schoolroom	Infant Welfare Centre. 1st and 3rd Tuesdays, 2 p.m.
Braunstone	... Trinity Church Room, Narborough Road, Leicester	Infant Welfare Centre. Wednesdays, 2.30 p.m.
Broughton Astley	... Social Club Hall	... Infant Welfare Centre. 1st and 3rd Tuesdays, 2 p.m.
Burbage	... Methodist Church Schoolroom, Windsor Street	Infant Welfare Centre. 2nd and 4th Thursdays, 2 p.m.
Castle Donington	... Methodist Church Room	Infant Welfare Centre. 1st and 3rd Mondays, 2 p.m.
Coalville	... *Health Clinic, Bridge Road	School Clinic. Mondays, 9.30 a.m. to 12 noon; Thursdays, 1.30 p.m. to 4 p.m.
		Dental Clinic. Saturday mornings by appointment.
		Ante-natal Clinic. Tuesdays, 9.30 a.m.
		Orthopædic Clinic. Mondays and Wednesdays, 2 p.m.
		Chest Clinic. Fridays, 9.30 a.m. to 1.30 p.m.
		Infant Welfare Centre. Tuesdays, 2.30 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
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Cosby	... Methodist School-room	Infant Welfare Centre. 1st and 3rd Wednesdays, 2.30 p.m.
Desford	... Village Institute	... Infant Welfare Centre. 1st and 3rd Tuesdays, 1.30 p.m.
Donisthorpe and Moira	... Centenary Methodist Church, Donisthorpe Road, Moira	Infant Welfare Centre. 2nd and 4th Thursdays, 2 p.m.
Earl Shilton	... Adult Schoolroom	... Infant Welfare Centre. 1st and 3rd Thursdays, 2.30 p.m.
Enderby	... Mission Room	... Infant Welfare Centre. 1st and 3rd Wednesdays, 2 p.m.
Glenfield	... Wesleyan Rooms	... Infant Welfare Centre. 2nd and 4th Tuesdays, 2.30 p.m.
Hathern	... Village Hall	... Infant Welfare Centre. Alternate Wednesdays, 2 p.m.
Hinckley	... *Health Clinic, The Lawns	School Clinic. Saturdays, 9.30 a.m. to 12 noon. Dental Clinic. Saturday mornings by appointment. Ante-natal Clinic. Mondays, 2 p.m.; 1st, 3rd and 5th Thursdays, 2 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
		Orthopædic Clinic. Wednesdays and Fridays, 10 a.m.
		Chest Clinic. Mondays and Thursdays, 9.30 a.m. to 1.30 p.m.
		Infant Welfare Centre. Tuesdays, 2.30 p.m.
Houghton-on-the-Hill	Village Hall	... Infant Welfare Centre. 1st and 3rd Mondays, 2 p.m.
Hugglescote	Baptist Room	... Infant Welfare Centre. 2nd and 4th Mondays, 2.30 p.m.
Ibstock	Baptist Chapel Schoolroom	Infant Welfare Centre. 2nd and 4th Thursdays, 2 p.m.
Kegworth	Wesleyan School- room, High Street	Infant Welfare Centre. 2nd and 4th Wednesdays, 2.30 p.m.
Kibworth	Village Hall	... Infant Welfare Centre. 2nd and 4th Wednesdays, 2.30 p.m.
Leicester	*8, St. Martin's	... Dental Clinic. Saturday mornings by appointment.
		Chest Clinic. Mondays, 9 a.m. to 1.30 p.m.; Wednesdays, 9 a.m. to 1.30 p.m., 2 p.m. to 5 p.m.; Thursdays, 9 a.m. to 1.30 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
		General Clinic as necessary by appointment.
Leicester Forest East	St. Mary's Hall, St. Mary's Avenue, Braunstone Lane	Infant Welfare Centre. 1st and 3rd Mondays, 2 p.m.
Long Clawson	... Methodist Church Schoolroom	Infant Welfare Centre. 1st and 3rd Thursdays, 2 p.m.
Loughborough	... *Lemyngton Street	... Dental Clinic. Frequent sessions by appointment.
		Ante-natal Clinic. Wednesdays, 2 p.m.
		Infant Welfare Centre. Tuesdays, Thursdays and Fridays at 2 p.m.
	*"Ashmount," Bridge Street	Chest Clinic. Tuesdays, 10 a.m. to 12 noon, 1.30 p.m. to 4 p.m.; Thursdays, 9.30 a.m. to 1.30 p.m.
	*Bridge Street	... School Clinic. Daily, 9.30 a.m.
		Dental Clinic. Frequent sessions by appointment.
Lutterworth	... Church Hall	... Infant Welfare Centre. 1st and 3rd Thursdays, 2.30 p.m.
Market Bosworth	... St. Peter's Hall	... Infant Welfare Centre. 1st and 3rd Tuesdays, 2 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
Market Harborough	Welland House, The Square	Ante-natal Clinic. 1st and 3rd Mondays, 2.30 p.m. Infant Welfare Centre. Wednesdays, 2.30 p.m.
	*Welland Park Modern School	School Clinic. Fridays, 9.30 a.m. to 12 noon.
Markfield	... Miners' Institute ...	Infant Welfare Centre. 1st and 3rd Thursdays, 2 p.m.
Melton Mowbray	... *Health Clinic, Asfordby Road	School Clinic. Wednesdays, 9.30 a.m. to 12 noon. Dental Clinic. Saturday mornings by appointment. Chest Clinic. Tuesdays, 10 a.m. to 1.30 p.m. Infant Welfare Centre. Wednesdays, 2 p.m.
Mountsorrel	... Reading Room ...	Infant Welfare Centre. 1st and 3rd Tuesdays, 2.30 p.m.
Narborough	... Robjohn Hall ...	Infant Welfare Centre. 2nd and 4th Wednesdays, 2 p.m.
Oadby	... Baptist Schoolroom	Infant Welfare Centre. 1st and 3rd Wednesdays, 2.30 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
Quorn	... Church Rooms	... Infant Welfare Centre. 1st and 3rd Wednesdays, 2.30 p.m.
Rearsby	... Village Hall	... Infant Welfare Centre. 1st and 3rd Tuesdays, 2.30 p.m.
Rothley	... Village Hall	... Infant Welfare Centre. 1st and 3rd Mondays, 2.30 p.m.
Scraptoft	.. Village Institute	... Infant Welfare Centre. 2nd and 4th Wednesdays, 2.30 p.m.
Shelthorpe	... Old Isolation Hospital	Infant Welfare Centre. Mondays and Wednesdays, 2 p.m.
Shepshed	... Adult School, 50, Forest Road	Infant Welfare Centre. 2nd and 4th Wednesdays, 2.30 p.m.
Sileby	... The Institute, Cossington Road	Infant Welfare Centre. 1st and 3rd Tuesdays, 2.45 p.m.
South Wigston	... *Health Clinic, Countesthorpe Road	School Clinic. Mondays and Thursdays, 9.30 a.m. to 12 noon. Dental Clinic. Saturday mornings by appointment. Ante-natal Clinic. Fridays at 2 p.m. Infant Welfare Centre. 2nd and 4th Tuesdays, 2 p.m.

PLACE.	ADDRESS.	ACTIVITIES AND SESSIONS HELD.
		Wigston (Central) Infant Welfare Centre. 2nd and 4th Wednesdays, 2 p.m.
Stoney Stanton	... Working Men's Club and Institute	Infant Welfare Centre. 2nd and 4th Tuesdays, 2 p.m.
Syston	... Church Hall	... Infant Welfare Centre. Mondays, 2.30 p.m.
Thurmaston	... *6, Main Street	... Infant Welfare Centre. 2nd and 4th Tuesdays, 2.30 p.m.
Whetstone	... Congregational Schoolroom	Infant Welfare Centre. 2nd and 4th Tuesdays, 2.30 p.m.
Whitwick	... Primitive Methodist Schoolroom	Infant Welfare Centre. Mondays, 2.30 p.m.
Wigston Magna	... Methodist Church Rooms, Moat Street	Infant Welfare Centre. 2nd and 4th Thursdays. 2 p.m.

*Denotes premises owned by County Council.

Ante-natal Services.

Although the responsibility for ante-natal care is now primarily vested in the general practitioner, the midwife, the hospital services and the ante-natal clinic, a great deal of field work is performed by the Health Visiting Staff. In order to avoid duplication in this report, such information as can be given, is included in the work of the Health Visitors.

ANTE-NATAL CLINICS.

The following shows the work of the local authority ante-natal clinics during the year.

	Coalville	Hinckley	Loughborough	Market Harborough	South Wigston	Totals
(1) No. of sessions per month (approx)	4½	6½	4½	2	4½	22
(2) No. of women attended :						
(a) ante-natal	86	333	125	63	133	740
(b) post-natal	5	42	—	—	10	57
(3) No. of women included in above who had not previously at- tended an ante-natal clinic during current pregnancy or a post-natal clinic after last con- finement ...						
(a) ante-natal	68	259	104	63	101	595
(b) post-natal	5	42	—	—	9	56
(4) Total number of attendances made by women in (2) above						
(a) ante-natal	289	1,347	526	393	469	3,024
(b) post-natal	5	43	—	—	10	58

It is very difficult to assess the importance of local authority ante-natal clinics in this County in view of the increased coverage provided under the new Act by the general practitioner obstetrician service and the hospital service. The following are the total attendances at the Coalville, Hinckley and South Wigston Ante-natal Clinics during the last five years (Loughborough and Market Harborough Clinics which were taken over only on July 5th, 1948, are excluded).

Year.	Attendances.
1945	2,919
1946	3,363
1947	3,401
1948	2,952
1949	2,163

As the last two years show a fall in attendances, a reduction has been made in the number of sessions held, and South Wigston and Wigston Magna Ante-natal Clinics have been merged. As yet there is insufficient evidence to support a definite change of policy.

Dental Treatment of Expectant and Nursing Mothers, and Pre-School Children.

The Chief Dental Surgeon reports as follows:—

“Last year it was stated that owing to shortage of staff it was impossible to deal adequately with school children, much less provide for any expansion of the Service on the lines envisaged in the National Health Service Act. The figures given below show that the position has not altered this year, and unless recruitment of dental staff becomes possible it will not improve in the future.”

The following information is provided in the form requested by the Ministry of Health.

(a) Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	56	54	22	22
Children under five years	235	151	151	121

(b) Forms of dental treatment provided.

	Extractions	Anæsth-etics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	119	10	11	35	7	—	—	—	8	15
Children under five years	193	42	61	46	—	84	92	—	—	—

Infant Welfare Centres.

The number of infant welfare centres at the beginning of the year was 44, and during the year eight new centres were established at Bagworth, Broughton Astley, Castle Donington, Leicester Forest East, Long Clawson, Market Bosworth, Markfield and Scraptoft, making a total of 52 centres in operation at the end of the year.

The figures given below may be considered satisfactory, especially in view of the fall in the birth rate as compared with last year.

Summary of Statistics.

					Year 1948.	Year 1949.
Number of meetings	...	...	...	...	1,346	1,523
Mothers:—						
Number on register	...	...	...	...	8,263	8,140
Number of attendances		...	...	...	74,141	70,126
Number attended for the first time		...	...	...	3,645	3,817
Babies under one year:—						
Number on register	...	...	...	...	5,344	5,339
Number of attendances		...	...	...	46,984	43,653
Number attended for the first time		...	...	...	3,501	3,507
Number under <i>one</i> year at the end of the year					2,888	2,838
Toddlers:—						
Number on register	...	...	...	...	5,078	5,242
Number of attendances		...	...	...	33,395	33,544
Number attended for the first time		...	...	...	593	816
Number under <i>five</i> years at the end of the year					4,865	4,950
Number of examinations by Medical Officers				...	7,279	8,779
Number of weighings by Health Visitors				...	75,728	75,265

Individual Infant Welfare Centres. Average Attendances per Meeting.

Centre.	Year 1948		Year 1949	
	Mothers	Children	Mothers	Children
Anstey	51.2	52.6	47.4	48.2
Asfordby	41.4	42.8	41.6	46.0
Ashby-de-la-Zouch ...	47.3	49.8	50.3	53.8
Bagworth (opened 16.2.49)	—	—	28.3	29.2
Barrow-upon-Soar ...	31.9	35.6	26.1	29.9
Barwell	62.3	63.3	53.2	53.5
Birstall	58.8	59.8	52.6	56.6
Blaby	70.9	81.4	75.0	88.2
Braunstone	85.4	87.4	58.3	58.7
Broughton Astley (opened 15.11.49)	—	—	29.3	34.3
Burbage	36.0	39.4	52.9	57.7
Castle Donington (opened 18.7.49)	—	—	30.4	36.7
Coalville	38.8	39.3	33.1	33.6
Cosby	44.1	47.0	38.0	39.1
Desford	75.1	82.6	61.4	68.1
Donisthorpe and Moira	28.3	28.5	38.8	40.3
Earl Shilton	63.0	66.0	59.4	65.9
Enderby	34.8	36.0	23.8	25.6
Glenfield	62.7	66.7	58.7	61.7
Hathern	20.0	23.4	22.9	26.0
Hinckley	156.2	158.3	66.7	67.8
Houghton-on-the-Hill	22.1	25.2	17.0	18.2
Hugglescote	17.7	19.5	17.8	20.6
Ibstock	31.9	32.3	36.4	37.0
Kegworth	35.0	36.7	26.7	31.1
Kibworth	29.5	33.4	23.1	27.9
Leicester Forest East (opened 16.5.49)	—	—	44.3	47.6
Long Clawson (opened 1.12.49)	—	—	14.0	18.5
Loughborough ...	70.2	83.1	62.2	74.0
Lutterworth ...	50.9	59.1	44.7	53.2
Market Bosworth (opened 20.9.49)	—	—	9.4	9.6

Centre.	Year 1948		Year 1949	
	Mothers	Children	Mothers	Children
Market Harborough ...	36.8	38.2	35.7	38.0
Markfield				
(opened 7.4.49)	—	—	23.6	24.4
Melton Mowbray ...	69.7	71.7	61.9	67.3
Mountsorrel ...	52.3	55.2	41.8	44.3
Narborough ...	58.8	63.4	65.4	69.8
Oadby ...	40.5	43.2	41.8	44.0
Quorn ...	42.2	45.5	38.9	42.5
Rearsby ...	30.0	31.9	26.1	29.8
Rothley ...	46.0	48.8	35.3	39.4
Scraptoft				
(opened 4.5.49)	—	—	18.3	20.2
Shelthorpe ...	37.5	49.3	39.3	51.3
Shepshed ...	64.0	66.1	54.5	57.8
Sileby ...	90.3	99.0	76.6	88.9
South Wigston ...	53.1	56.2	53.3	54.1
Stoney Stanton ...	50.0	42.6	53.1	61.2
Syston ...	53.8	56.8	33.7	35.8
Thurmaston ...	43.6	46.8	32.8	35.8
Whetstone ...	40.2	42.5	37.5	40.3
Whitwick ...	45.1	46.7	42.0	44.8
Wigston Magna ...	79.8	86.2	67.5	70.8
Wigston (Central) ...	47.1	51.2	62.1	63.8

The Care of Premature Infants.

A separate record is kept of all children weighing $5\frac{1}{2}$ lbs. or less notified under the notification of births to this Office. All such children born at home or in a maternity home are referred immediately to the Health Visitors so that, if necessary, advice can be given or special treatment arranged.

The following is a record of cases during the year:—

Number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's Area:—

(i) Born at home	...	...	...	...	...	116
(ii) Born in hospital or nursing home	...	...	...	...	...	206

Premature babies born in the area (whether their mothers normally reside in the area or not) but *excluding* babies born in maternity homes and hospitals in the National Health Service.

(i) Born at home	...	...	...	...	...	...	121
(ii) Born in private Nursing Homes	...	...	...	...	...	...	40

These latter cases are summarised as follows:—

TABLE I. Babies born at home.

	Trans- ferred to Hospital	Nursed entirely at home					Grand total
		Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
Under 3 lbs.	3	1	2	—	—	3	6
3 — 4 lbs.	10	1	2	—	3	6	16
4 — 5½ lbs.	6	2	1	—	90	93	99
Total ...	19	4	5	—	93	102	121

TABLE II. Babies born in private Nursing Homes.

	Trans- ferred to Hospital	Nursed entirely at home					Grand total
		Died in first 24 hrs	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
Under 3 lbs.	—	2	1	—	2	5	5
3 — 4 lbs.	—	—	1	—	4	5	5
4 — 5½ lbs.	2	2	—	—	26	28	30
Total ...	2	4	2	—	32	38	40

The following table gives the results of the total of 21 cases in the previous tables recorded as transferred to hospital.

	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total
Under 3 lbs	1	1	—	1	3
3 — 4 lbs.	2	1	—	7	10
4 — 5½ lbs.	—	1	—	7	8
Total ...	3	3	—	15	21

The Care of Illegitimate Children.

The following table shows that the illegitimacy rate for this County has now returned to more normal proportions:—

Year.	Total live births.	Illegitimate live births.	Illegitimate live birth rate	Illegitimacy percentage of total live births.
1940	4,724	158	33.4	3.3
1941	4,802	198	41.2	4.1
1942	5,508	240	43.6	4.4
1943	6,102	320	52.4	5.2
1944	6,536	385	58.9	5.9
1945	5,783	532	92.0	9.2
1946	6,563	383	58.4	5.8
1947	6,948	324	46.6	4.7
1948	6,363	297	46.6	4.7
1949	5,936	226	38.1	3.8

Although it is probably true that the majority of these children receive the same care and attention as legitimate children, illegitimate children as a class represent an anxious responsibility to an Authority. A special record is kept of such children of whom practically all are brought to notice through the notification of births, and special attention is paid to such births by the Health Visitors. Cases that are obviously deprived of care and attention, are referred immediately to the Children's Officer, while some other cases of difficulty are referred

to the Leicester Diocesan Moral Welfare Association for visits by their Welfare Officer. An annual grant is made to the Association for these services. During the year the Association dealt with 90 new cases—62 expectant mothers, and 28 mothers with children.

Unmarried Mothers and Their Children.

An agreement exists with the St. Saviour's Diocesan Maternity Home, Kingsthorpe, Northampton, for the reception of unmarried mothers expecting the first child. Admission takes place approximately six weeks before confinement; mothers remain at least six weeks after the confinement, and during that time they receive training and can make preparations for the future. For various reasons it is necessary to send some cases to other homes. During the year 24 cases were admitted as follows:—

St. Saviour's Home, Northampton	...	...	20
R.C. Home, Birmingham	...	...	1
Salvation Army Home, Cardiff	...	...	1
Mid-Bucks Maternity Home, Aylesbury	...	...	1
St. Paul's Lodge, Great Yarmouth	...	...	1

Child Life Protection.

Although the responsibility for this work was transferred by the Children Act 1948 to the Children's Department, in actual practice it was not found possible to transfer the cases to that Department until nearly the end of the year.

The following gives particulars of the last official record of this Department, just previous to transfer of the cases:—

Number of children on register	...	...	31
Number of foster parents	...	...	21

It will be realised that although the responsibility for this work has now been undertaken by the Children's Department, all the facilities provided by the Health Department, including routine and special visiting by Health Visitors, are still available for these children as for all other children in the County.

Orthopædic Treatment.

As the responsibility for clinic and hospital treatment and the supply of appliances now rests with the Regional Hospital Board, county children are not restricted by residence to attendance at any particular orthopædic clinic. Home visiting is carried out by the Health Visiting Staff which provides a valuable means of discovery of cases. The services of County Health Visitors are supplied to the Coalville and Hinckley Orthopædic Clinics which deal with a large number of county cases.

Orthopædic Specialist Staff are furnished by the Regional Hospital Board.

Owing to the changes in administration it is not now possible to compile a complete return of county cases dealt with during the year, but the following table gives information as far as is known to the Department in respect of the major clinics.

Clinic attended.	No. of children.	Total No. of attendances.	No. of appliances supplied.
Coalville	123	560	30
Hinckley	189	892	43
Leicester	165	287	60
Loughborough	65	326	16

Eye Treatment.

Cases requiring examination are referred to the School Oculist. As many children attend school before the compulsory age of five years, they are seen in the usual way at routine school inspections. Prescriptions for spectacles are dealt with by the Ophthalmic Service of the Local Executive Council.

Convalescent Home Treatment.

Provision is made in the scheme for the convalescent home treatment of nursing mothers and young children. Only those cases where no medical treatment is involved are accepted under the Council's scheme, as convalescent homes providing treatment are the responsibility of the Regional Hospital Board.

An arrangement exists with the Charnwood Forest Convalescent Home, Woodhouse Eaves, for the reception of children aged 3—4 years, but during the year only one case was admitted through the scheme. The public demand for such treatment in this County is largely catered for by the Leicester and County Convalescent Homes Society and other organisations, and this, presumably, is the reason for the small number of applications through the County Council scheme.

Although provision is made for the convalescent home treatment of nursing mothers, it is very unusual for an enquiry to be received. Experience has shown that there are so many difficulties to be overcome that mothers do not consent to leaving home except on account of definite illness, which is of course, outside the scope of convalescent home treatment.

Patients making use of these facilities, or their parents, are asked to meet the cost: if they are unable to do so, they pay a proportion, assessment being made on income.

Day Nurseries.

The following table give particulars of the year's attendances at the five day nurseries provided by the County Council.

	Hinckley	Loboro'	Market Harboro'	South Wigston	Syston	Totals
No. of approved places:						
0—2 years	15	15	15	15	15	75
2—5 years	25	35	25	25	25	135
No. of children on register, 31st December 1949:						
0—2 years	16	5	10	7	13	51
2—5 years	30	50	20	36	29	165
Average daily attendances during year:						
0—2 years	13.2	3.5	9.5	5.6	13.7	45.4
2—5 years	27.9	42.4	19.6	27.3	27.4	144.5

As will be seen, the demand for day nursery facilities still continues, although the information to be gained from the table is limited by the fact that admissions are controlled by the following order of priorities:—

- (i) Social necessity (illegitimate child, child of widow or widower).
- (ii) Poor home conditions (i.e., family living in rooms).
- (iii) Family hardship (necessitating both parents working).
- (iv) After the above classes have been catered for, children are admitted where there are no mitigating circumstances.

Maternity Outfits.

Under the scheme, a maternity outfit can be supplied free of charge to any expectant mother who is due to be attended at confinement in her home by a State Certified Midwife or qualified maternity nurse. Outfits can be collected by, or on behalf of the patient from the Central Office and also from a number of convenient depots in the county. Postal applications are dealt with at the Central Office only.

Birth Control.

The arrangement continued for the reference of county patients to

the Leicester City Birth Control Clinic. Cases are restricted to those women where confinement would be detrimental to health. The number of cases referred during the year was 92.

Priority Dockets for the Purchase of Sheets.

The Board of Trade's Scheme for the issue of priority dockets for the purchase of sheets by expectant mothers came to an end with the cessation of clothes rationing on 14th March, 1949. From 1st January to that date, dockets for 580 double and 21 single sheets were issued by the Department.

General Child Neglect.

The discovery of cases of neglect appears to be adequately met by the personal supervision of the Health Visiting Staff as their routine visits gain them access to practically every home where general child neglect is likely to exist. In addition some cases are brought to light as a result of confidential information received during the course of visits.

In many cases discovered, quick improvement is achieved by personal contact with parents, and by repeated visits. A comparatively small number of cases requiring more stringent measures are referred to the National Society for the Prevention of Cruelty to Children whose local officers have always afforded excellent co-operation. Experience has shown, however, that these cases, in spite of legal proceedings, rarely show permanent improvement, and consequently require constant or recurring supervision.

An annual grant is made to the Society in recognition of services rendered.

SECTION 23—MIDWIFERY.

As provided for in the scheme, the County is covered for midwifery purposes by whole-time midwives employed directly by the County Council, and by nurse-midwives employed under agency arrangements by the Leicestershire County Nursing Association.

Number of Midwives practising.

The number of midwives who notified their intention to practise in the County was 178, as compared with 206 in the previous year.

The following table gives particulars of the midwives practising on 31st December, 1949.

	Domiciliary Midwives.	Midwives in Institutions.	Total
(a) Midwives employed by the authority	14	—	14
(b) Midwives employed by Voluntary Organisations:			
(i) Under arrangements with the Local Health Auth- ority in pursuance of Section 23 of the National Health Service Act ...	84	—	84
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	2	—	2
(c) Midwives employed by Hospital Management Com- mittees or Boards of Governors under the National Health Service Act	—	31	31
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	24	9	33
Totals ...	124	40	164

Number of cases attended.

The following table gives particulars of cases attended by midwives during the year.

	Domiciliary cases		Cases in Institutions		Total	
	As Mid-wives	As Mat-ernity Nurses	As Mid-wives	As Mat-ernity Nurses	As Mid-wives	As Mat-ernity Nurses
(1) Midwives employed by the Authority	517	279	—	—	517	279
(2) Midwives employed by Voluntary Organisations:						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	1,214	639	—	—	1,214	639
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ...	11	16	—	—	11	16
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	991	530	991	530
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	35	55	152	537	187	592
Totals	1,777	989	1,143	1,067	2,920	2,056

Administration of Analgesics.

The scheme continued whereby midwives may, by taking a training course, qualify to administer analgesics during labour. The following table gives particulars of this branch of the service for the year, and it will be seen that by the end of the year 70 out of the 98 midwives employed either by the County Council or the County Nursing Association, were qualified to administer gas and air analgesia. During the year 1,731 domiciliary cases were attended by these midwives (acting as midwives, not as maternity nurses), and of these 612 cases received analgesia.

	Domiciliary Midwives employed directly by Local Health Authority.	Domiciliary Midwives employed in public midwifery service under Section 23 by voluntary organisations as agents of Local Health Authority.	Domiciliary Midwives employed in public midwifery service under Section 23 by hospital authorities as agents of Local Health Authority.	Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority.	Total
(a) Number of domiciliary midwives practising in the area at Dec. 31st, 1949, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board.	13	57	—	4	74
(b) Number of sets of apparatus for the administration of gas and air in use by domiciliary midwives employed in the Authority's domiciliary midwifery service Dec. 31st, 1949.	9	36	—	—	45
(c) Number of cases in which gas and air was administered by midwives in domiciliary practice during the period Jan. 1st, 1949, to Dec. 31st 1949.					
(i) When acting as a midwife	244	368	—	—	612
(ii) When acting as a Maternity Nurse	48	50	—	—	98

Notifications received from Midwives.

The following notifications regarding cases were received from Midwives practising in the County during the year:—

Requests for medical aid	...	...	...	403
Liability of midwife to be a source of infection	...			67
Midwife having "laid out the dead"	...	...		48
Death of mother or child: mother	...	...		—
child	...	...		15
The occurrence of a stillbirth	...	...	...	45
The commencement of artificial feeding	...			120

The chief causes for requesting medical aid were:—

MOTHER.

Miscarriage, or danger of	...	...	...	22
Abortion, or danger of	...	...	...	7
Albuminuria	...	...	...	6
Difficult labour	...	...	...	38
Malpresentation	...	...	...	15
Ante-partum hæmorrhage	...	...	...	14
Ruptured perineum	...	...	...	140
Post-partum hæmorrhage	...	...	...	21
Adherent placenta	...	...	...	15
Raised temperature	...	...	...	20

CHILD.

Discharge from eyes	...	...	...	19
Prematurity	...	...	...	15
Abnormalities	...	...	...	9
Feebleness	...	...	...	5

The number of cases in which medical help was summoned by midwives was: domiciliary 376, institutional 4: Total 380.

Infectious Diseases (Midwifery).

Notifications of cases of ophthalmia neonatorum, pemphigus neonatorum, and puerperal pyrexia are required to be made both by medical practitioners and midwives. A close check is kept in the Department between the weekly records of the Notifications of Infectious Diseases from District Medical Officers of Health and the notifications from Midwives under the Rules of the Central Midwives Board so that no case should fail to receive proper attention.

The following table gives particulars of cases reported during the year.

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements
Number of cases notified during the year ...	2	1	—	—	9	3
Number of cases visited by Officers of the Authority ...	2	1	—	—	9	3
Number of cases for whom Home Nursing was provided by the Authority	—	—	—	—	—	—
Number of cases removed to hospitals ...	—	—	—	—	6	2

Number of cases of Ophthalmia Neonatorum notified during the year in which:—

(a) Vision was unimpaired	...	...	...	3
(b) Vision was impaired	...	...	...	—
(c) Vision was lost	...	...	...	—
(d) The patient died	...	...	...	—
(e) The patient was still under treatment at the end of the year	...	...	...	—
(f) The patient removed from the district	...	...	...	—

Total: 3 cases.

Inspection of Midwives.

The inspection of Midwives is carried out by Officers employed by the Leicestershire County Nursing Association acting under the administrative control of the County Medical Officer, and the following is a record of such inspections during the year.

	Nurse Midwives	County Council Midwives	Independent Midwives
Number of routine inspections ...	301	44	72
Number of special inspections ...	41	18	3

Transport

In order to enable practising domiciliary midwives to discharge their duties in an efficient manner, the County Council in the Scheme under Section 23 of the National Health Service Act, approved the principle of providing motor cars in all cases where considered necessary, both for County Council Whole-Time Midwives and for County Nursing Association Nurse Midwives. Priority for delivery of new cars for midwives only is provided for under Ministry of Health Circular 21/49. More than fifty per cent of the midwives now have the use of cars, some of which are owned by the midwives themselves. In a few cases auto-cycles are used, and, of course, some still use bicycles.

SECTION 24.—HEALTH VISITING.

Scope of Duties.

A glance through the details of the Local Authority Health Services will reveal that Health Visitors are concerned to a greater or lesser degree with practically all the activities of those Services.

It would take far too much space in this Report to list all the duties required of a Health Visitor, and I think the following precis of part of one of the Ministry of Health Circulars gives a fair indication of their scope.

A Health Visitor is required to give advice as to the care of persons suffering from illness (which includes mental illness and any injury or disability requiring medical or dental treatment or nursing), to expectant and nursing mothers, and to mothers and others with the care of young children. This involves an extension of the functions previously assigned to a health visitor, under which she was primarily concerned with the care of mothers and young children. She is now concerned with the health of the household as a whole, including the preservation of health and precautions against the spread of infection, and also has an increasingly important part in health education. She has to work in the closest co-operation with the family doctor. At the same time she is required to carry out her duties with the greatest tact so as to preclude any impression of encroaching on the provinces of other workers in the Health Services.

Staff Establishment.

The full staff establishment of Health Visitors is 36; at the end of the year the total strength was 28, including the Superintendent and Deputy.

During the year the Health Visiting Staff was constantly under strength by approximately fifteen per cent. It is hoped in due course, by the introduction of a more attractive training scheme, to accomplish full establishment from Student Health Visitors successful in the Health Visitors examination.

The following is a record of the work of the County Health Visitors during the year. This should not be interpreted as covering the whole of the work as there are numerous inescapable obligations which arise in their contacts with the public in the course of their duties which are beyond classification.

The work of the Health Visitor is not sensational, but upon her knowledge, personality, and ability to handle people, depends much of the success of the preventive health services.

Notification of Births:

First visits	...	...	...	...	7,058
Subsequent visits	...	...	...	...	36,750
Special visits	...	...	...	...	1,748
Children 1—5 years	...	...	...	...	72,905
Illegitimate children	...	...	...	...	1,595
Premature children	...	...	...	...	647
Stillbirths	...	...	...	...	115

Pre-natal visits:

First visits	...	...	...	...	1,630
Subsequent visits	...	...	...	...	1,378
Post-natal visits	...	...	...	...	301
Unmarried mothers	...	...	...	...	216
Immunisation (diphtheria)	...	...	...	...	677
Vaccination (smallpox)	...	...	...	...	32

Prevention of Illness:

Tuberculosis—

First Visits	502
Subsequent visits	3,575

Other diseases—

Total visits	221
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Special visits	430
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Attendances at:

Infant Welfare Centres	1,843
Ante-natal Clinics	240
Chest Clinics	363
Orthopædic Clinics	...	...	...	...	234

Investigation of applications for admission to Maternity Hospitals.

In view of the great demand for admission to maternity hospital accommodation, the Regional Hospital Board have requested Local Health Authorities to "screen" applications from expectant mothers where social emergency is given as the need for admission. Social emergency is defined as overcrowding, unsuitable home conditions, and other domestic difficulties. Health Visitors carry out the visits to the homes of the applicants and fill in a special investigation form. If a home confinement is considered inadvisable, then a recommendation for admission to hospital is forwarded to the Secretary of the Hospital Management Committee for allocation of a bed. It must be emphasised that this Department takes, of course, no part in admission on medical grounds: in such cases the patient's own doctor deals directly with the hospital.

During the year under review, 338 applications were dealt with. Of these, 291 were recommended for admission to maternity accommodation, while of the remaining 47 cases, a Home Help was recommended for 11 cases, 34 cases were considered suitable for home confinement, and two cases left the County.

Domiciliary Visits to Hospital Cases.

Some requests have been received from hospitals for Health Visitors to visit patients who have been discharged or who are still attending as out-patients, for the purpose of giving confidence or to ensure the carrying out of certain instructions from the hospital.

Investigation of Applications for "Chronic Sick" Accommodation.

Owing to the limited hospital accommodation for the chronic sick, an arrangement has been agreed with the appropriate Hospital Management Committees for the investigation of applications from chronic sick patients for admission to hospital. It is not anticipated that there will be a large number of applications, but the importance of these cases lies in the fact that they occupy hospital beds for such indefinitely long periods.

Refresher Courses.

It is generally recognised that refresher courses for Health Visitors should be encouraged as a means of keeping staff up to date, and of maintaining interest in their work. This is especially necessary for those Health Visitors working in comparative isolation in country districts. The

Rushcliffe Committee have recommended that local authorities should grant special leave at intervals not exceeding five years, and this policy is supported by the County Council. During the year four Health Visitors attended courses promoted by the Royal College of Nursing and the Women Public Health Officers' Association.

At the same time, I should like to record my appreciation of the keenness of the Health Visiting Staff who take every local opportunity of attending lectures and entering into activities associated with the advancement of their sphere of work.

SECTION 25.—HOME NURSING.

The County is covered for the purposes of Home Nursing by agency arrangements with the Leicestershire County Nursing Association who provide the nursing staff through the District Nursing Associations. The staff is mainly composed of nurse-midwives who undertake the dual duties of nursing and midwifery. For this reason some of the information given in Section 23 relating to nurse-midwives can also be read into this Section. A few District Nurses are employed wholly on nursing duties. No nurses are employed directly by the County Council.

The scheme has worked efficiently during the year, and I am glad to say that few practical difficulties have arisen with cases which have not been swiftly overcome.

The following gives particulars of the work performed during the year.

(1)	Number of Home Nurses employed at Dec. 31st, 1949		Equivalent Whole-time nursing service provided in Col. (3) (4)	Number of cases attended by Home Nurses during the year (5)	Number of visits paid by Home Nurses during the year (6)
	Whole-time on home nursing (2)	Part-time on home nursing (3)			
Voluntary Organisations by agreement with the Authority ...	16	83	52	8,530	209,850

SECTION 26.—VACCINATION AGAINST SMALLPOX AND IMMUNISATION AGAINST DIPHTHERIA.

Although details of the Council's Scheme for infant vaccination and diphtheria immunisation appeared in last year's annual report, a brief repetition of the salient features of the Scheme is of interest in this report. Since the National Health Service Act definitely stipulated that general medical practitioners should be given an opportunity to take part in these schemes under the Act, it was on this basis that the County Council's Scheme was formulated.

A complete register of children is maintained in this Department and a letter is sent to parents when their child is one month old urging them to have the child vaccinated against smallpox. Similarly, a letter is sent when the child is eight months old presenting the need for diphtheria immunisation. In each case, the parents are asked to make their own arrangements with their own doctor for this treatment, and a combined request and consent card is supplied for this purpose. A pre-paid card is also supplied for notifying this Department of the parents' intentions. If, after a reasonable lapse of time no completed certificate has been received from a doctor, the health visitor is asked to report on the case. In those instances where refusal or indecision is met, the health visitor endeavours to persuade the parents to have the treatment given. A further communication is sent when the child enters school to urge the administration of a reinforcing dose of diphtheria prophylactic. Thus the obligation of securing treatment is placed directly on the parents who must make arrangements with their own doctors. No other publicity measures have been adopted as it is thought that a letter sent to every home where there is a child of appropriate age, followed by a personal visit from the health visitor, is an adequate method of urging the need for treatment.

Infant vaccination.

It was thought that the repeal of the Acts requiring compulsory vaccination of children would result in a lesser number being treated, but records show that almost twice as many children are being vaccinated in this County as compared with the years before the war. The figure of 7% of the total births may seem remarkably small, but it must be borne in mind that Leicestershire is definitely an anti-vaccination area and that much patience will be needed before any large numbers of children are treated.

As there are so few cases of smallpox, parents do not readily seek this treatment for their children unless they become frightened when cases come into this country from abroad. Any higher figures during the war years and immediately after may be explained by the fact that since

many parents were vaccinated in the Services, they quite naturally had the same treatment given to their children; also there were many evacuees resident in the County who came from areas where vaccination was more readily acceptable.

An interesting feature is the increased number of certificates received from practitioners whenever an outbreak of smallpox occurs anywhere in the country. This lends weight to the belief that protective treatment is only sought as a result of the publicity on the occurrence of a case.

This is treatment which should rightly be performed by the family doctor, unless, of course, an epidemic calls for emergency measures.

The following table shows the number of vaccinations carried out during the year.

Age at Dec. 31st, 1949.	Under 1	1 to 4	5 to 14	15 or over	Total
i.e., born in year:	1948	1944 to 1947	1934 to 1943	Before 1934	
Number vaccinated ...	459	249	55	120	883
Number re-vaccinated	—	3	20	154	177

Diphtheria immunisation.

After eighteen months of operation it is now possible to review the situation and form an idea of the effectiveness of the Scheme, and it is apparent that an efficient service is being provided. The figures show that 75% of the infants receive immunisation treatment; doctors, however, sometimes do not submit their certificates to this Department promptly, and occasionally do not do so at all. It is therefore probable that despite the check on figures provided by the health visitors' visits, the actual percentage is slightly higher.

Some doctors hold regular sessional clinics for diphtheria immunisation and this is a facility greatly appreciated by mothers since they can attend on any "clinic" day without making an appointment. Many practitioners do not find it convenient to do this, and parents must therefore make an appointment to attend, or come to the ordinary surgery hours with the long waiting period which is often inevitable.

In only one instance has a general medical practitioner declined to perform diphtheria immunisation and this has necessitated a clinic being run by this Department to deal with his cases.

During the year only three cases of diphtheria were notified, of which two cases were not immunised; one death occurred, that of an unimmunised girl of twelve years of age.

Number of children at 31.12.49 who had completed a course of immunisation since 1.1.35.

Age at 31.12.49	Under 1	1	2	3	4	5—9	10—14	Total
i.e., born in the year:	1949	1948	1947	1946	1945	1944—1940	1939—1935	Under 15
Number immunised ...	327	3,901	4,263	4,487	3,970	21,575	20,188	58,711
Estimated mid-year child population 1949 ...	Children under five				Children 5—14			
	31,060				47,180			
					Total			
					78,240			

Number of Children who were immunised during the period 1st January—31st December, 1949.

Age at 31.12.49 <i>i.e.</i> born in year	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935
Primary Immunisation	327	3,594	699	103	68	103	64	18	9	9	12	22	27	127	17
Booster Dose			1	8	163	1,058	405	111	63	52	21	37	15	11	13

SECTION 27.—AMBULANCE SERVICE.

In last year's report the arrangements made to provide a service throughout the county were described in some detail; it was shown that in some areas the County Council provided a service directly, but in other areas the St. John Ambulance Brigade and the Leicester and County Convalescent Homes Society acted as the Council's agents, while the help of the Hospital Car Service was also available.

During 1949 there was a rise in the demands on the service, although it appears that this rise may have nearly reached its peak by the end of the year.

Two problems were mentioned last year as being especially troublesome—the prevention of abuse, and the need for co-ordination of the service and avoidance of duplication of journeys. It would not be correct to state that the first problem has been solved, although the medical practitioners in the county have been most helpful. The question of co-ordination was considered very carefully by the Committee, and after a visit to the West Riding Ambulance Service, it was decided to recommend to the County Council that a system of radio-communication should be installed. It was felt that by this means a more efficient service could be provided, and that there should be a very real net saving in the cost of running owing to reduction in the number of ambulances and staff required to "stand by." The County Council accepted the recommendation at its meeting in November, 1949, and since then the necessary arrangements for installation have been made. Details can more appropriately be given in next year's report which should also include a description of the scheme in operation.

The ambulance transport of cases of infectious disease has now been taken over by the general service, in accordance with modern practice. Ambulances are disinfected after carrying a case: it may be noted in passing that ambulance staff are vaccinated against smallpox and arrangements made to keep up their immunity by repeating vaccination at intervals.

The provision of a station at Melton Mowbray to replace the temporary arrangement, in force at the beginning of the year, whereby a local garage acted as the Council's agent, was an urgent necessity. The purchase of Craven Lodge by the Council will make it possible for a permanent station to be made by adaptation of certain stabling there; until that can be made available we have been fortunate in securing accommodation at the Melton War Memorial Hospital. The co-operation of Leicester No. 2 Hospital Management Committee and the Matron and staff of the hospital has been much appreciated; the station was established

on May 8th, 1949, and has operated successfully.

It may be mentioned that the "emergency" ambulance calls which naturally bulk so largely in the public imagination, now form a small part of the demands on the service. Moreover, these emergency calls are relatively easy to deal with. The really troublesome work is that of conveying patients to and from hospital out-patient departments, which raises problems, some of which still await a satisfactory solution.

The 1946 Act placed the responsibility for providing ambulance transport on the authority in whose area the need arose. The Amending Act of 1949 stated that if a patient was admitted from one authority's area to a hospital in another area the first authority should accept financial responsibility for transport back to the patient's home up to a period of three months after admission. This involved a very considerable change in our arrangements with the City Ambulance Service, as hitherto admission to a hospital ward had been accepted as transferring the responsibility to the authority in whose area the hospital lay. The co-operation between the two services has always been excellent, satisfactory administrative arrangements were quickly made, and the County service takes its own patients home instead of paying the City to do so.

The Hospital Car Service has been a great help during the year, and it is hoped that in the future it may be even more helpful.

The figures given below show the work undertaken during the year:—

				Patients carried	Miles travelled
Central Depot, Leicester	...	...	...	10,500	246,189
Market Bosworth	...	...	...	893	21,310
Melton Mowbray	...	...	...	2,871	44,370
Coalville S.J.A.B.	...	...	...	5,698	74,320
Hinckley S.J.A.B.	...	...	...	4,488	54,708
Leicester S.J.A.B.	...	...	...	1,477	28,893
Loughborough S.J.A.B.	...	...	...	4,950	65,093
Lutterworth S.J.A.B.	...	...	...	1,842	30,987
Market Harborough S.J.A.B.	...	...	...	2,914	60,156
Leicester and County Convalescent Homes Society (County cases)	...	...	...	5,744	50,021
Leicester and County Convalescent Homes Society (Joint journeys with Leicester City cases)	...	...	...	764	11,944
Hospital Car Service	...	...	...	1,485	33,384
Totals	...	...	...	43,626	721,375

(The number of patients conveyed by train was 22).

Next year will bring great changes in the Ambulance Service in the County in that both the St. John Ambulance Brigade and the Leicester and County Convalescent Homes Society have decided to give up the work done as agents for the County Council. The result of these decisions is that from July 5th, 1950, the County Council will be responsible for the direct administration of the Ambulance Service throughout the County.

I am sure that I am expressing accurately the feelings of the Council in stating that we are very conscious of the debt we owe to the Voluntary Associations: not only were they pioneers in ambulance work, but when the statutory duty of providing a free ambulance service was laid on the County Council, they acted as agents and undertook the major portion of the work, as the figures above show. The "appointed day" brought an increased and increasing amount of work to their stations, and the strain on them was, at times, very severe. The decision of the Associations to withdraw from this work was accepted with regret.

Full discussion of the effect of the alterations will come properly into the scope of next year's report, but it may be noted at this stage that much of the work of these two bodies will be carried forward to the new service. The Leicester and County Convalescent Homes Society, which acted as agents for the City of Leicester as well as the County, offered to sell their well-equipped and well-sited garage at Avenue Road, Leicester, with all the vehicles. It seemed unwise to divide between two authorities an organisation which was running efficiently, and after discussion between representatives of the Society, the City and the County, it was decided that the garage and vehicles should be offered to the County; in accepting the offer, the County Council agreed to take over the existing staff, and to honour any obligations to the City which were necessary. Some St. John Ambulance Brigade vehicles were also purchased, while in several areas the existing ambulance stations were rented to the County Council. We are therefore greatly indebted to the two voluntary associations for their help in the transfer of duties.

SECTION 28.—

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The general implications of this Section were discussed in last year's report, when it was pointed out that while the scheme dealt mainly with future projects rather than with plans capable of immediate fulfilment, there were great possibilities for future development. To some extent, of course, all public health work could be considered as dealing with "prevention of illness, care and after-care"—health visiting, home help service, mental health work, etc., and the preventive outlook should

dominate all our work. Certain parts of the Service are dealt with specially under this heading, including tuberculosis after-care, care of patients discharged from hospital, and such general matters as medical loan depots, convalescent home provision, and health education.

Medical Loan Depots.

The arrangements made for the supply of nursing equipment, etc., on loan, made with the Medical Loan Committee of the British Red Cross Society and the St. John Ambulance Brigade, are working satisfactorily. Depots are established at Leicester, Syston, Kegworth, Rothley, Hinckley, Kirby Muxloe, Coalville, Lutterworth, Melton Mowbray, Loughborough and Waltham-on-the-Wolds. A small charge is made to users.

After-Care of Patients Discharged from Hospital.

This topic has been much discussed recently; it is generally agreed that it is most desirable to ensure that all the facilities possible should be made available for after-care for those patients, but consideration of how this is to be done reveals certain difficulties. If the local authority is to be of any use, then information regarding those patients in need of help must be, of course, provided; and questions of professional confidence are involved, as well as the necessity of close and genuine co-operation between the hospital, general practitioner, and local authority services. There is no formal scheme for this work in existence in the county, although there is a great deal of informal consultation between hospital officers, especially almoners, and such local authority officers as the superintendent health visitor, supervisor of midwives, organiser of home helps, etc., which results in the provision of the appropriate service.

Convalescent Home Provision.

Before July 5th, 1948, the County Council provided convalescent home facilities for pre-school children under Section 204 of the Public Health Act, 1936; recovery of costs, or a proportion, being made from the parents. Similar facilities were available for school children, but as provision in this case was made under the Education Act, 1944, no charge was made. There was no provision for adults.

The position was fundamentally altered by the operation of the National Health Service Act, whereby all medical treatment is available free of charge to the patient. Circular 14/49 states that it is the duty of the Regional Hospital Board to provide treatment which includes at least regular medical supervision and nursing care; while the Local Health Authority has powers under Section 28 to arrange for persons requiring essentially the facilities available at the "holiday home" type of accommodation. "Holiday Home" facilities are provided by a number of

voluntary associations as a benefit in return for contributions. If a local authority provides these facilities, recovery of costs, or a proportion, can be made.

During 1949 there were a few cases of pre-school children and school children dealt with, but no scheme to cover adults was introduced.

Health Education.

It is Section 28 which gives the County Council its powers to undertake "health education" which will probably form an increasingly important part of Public Health work. There is no doubt about its importance, but there is also no doubt of its difficulty. I must confess that personally I am not convinced of the value of the exhibition or of the public lecture or meeting. Such proceedings tend to attract the converted and the interested, and do not get hold of the very people one wishes to reach. The address or lecture, by the right type of lecturer, to special groups or societies on aspects of health education likely to interest them, is a more hopeful approach; but the best method is the daily work of the health visitor and the doctor (whether general practitioner or public health medical officer) with individual people, while the school teacher has an important part to play.

Tuberculosis.

The report of the Chest Physician, given below, gives the year's figures for the prevalence of the disease, and makes some comment on the year's work. The County Council, as Local Health Authority, is now responsible only for the "care and after-care" aspect of tuberculosis work, all responsibility for clinical care having passed to the Regional Hospital Board. In actual fact it is difficult, if not impossible, to separate the two sides, and the Chest Physicians have joint appointments between the Local Authority and the Regional Hospital Board. The duties under Section 28 left to local authorities are extremely important, and the County Council has a very real responsibility.

A great deal of work is being done in the county, as can be seen from Dr. Coward's report, and the facilities provided by the Ministry of Labour, the National Assistance Board, and other agencies, are fully utilised. Mention must also be made of the help given by the "Friends of Markfield," an organisation which in very practical ways has done a great service not only for patients in the hospital but for those who have been discharged, and which, being a voluntary body, can make direct financial grants which are outside the powers of the statutory authority. The task in the next year is that of co-ordinating all those facilities and so making sure that everything possible is being done to give help when it is most needed, and to assist the patient to adapt him-

self to the altered circumstances which are so often the consequence of this disease.

The County Council has approved in principle participation in the scheme for the enlargement of the village settlement at Rainworth at present administered by the Nottingham County Council, to become a joint venture of the Local Health Authorities in the Region. Detailed discussions by a drafting committee are taking place.

REPORT OF THE CHEST PHYSICIAN.

Prevalence of Tuberculosis.

				Year 1949.	Average for preceding ten years.
Respiratory tuberculosis:					
Notifications	...	...	...	239	200
Deaths	...	...	...	119	129
Death rate	...	...	...	0.35	0.40
Non-respiratory tuberculosis:					
Notifications	...	...	...	55	88
Deaths	...	...	...	15	32
Death rate	...	...	...	0.04	0.10
Total for both respiratory and non- respiratory tuberculosis:					
Notifications	...	...	...	294	288
Deaths	...	...	...	134	161

The number of notifications of respiratory tuberculosis has increased by 53 in comparison with last year's figure. The deaths have remained the same.

The number of notifications of non-respiratory tuberculosis shows a decrease of 23, and the deaths a decrease of 8 on last year's figures.

The total for both respiratory and non-respiratory tuberculosis gives a figure of 294 as against 264 notifications, and 134 as against 142 deaths.

Out-patient Dispensary Work (for details see Table T.B.1).

The number of attendances at dispensaries has been 9,233 as against 8,481 in 1948. X-ray photographs of respiratory cases have been taken at Markfield Sanatorium, and a certain number of surgical cases have been X-rayed there during the year. The total number taken was 3,473 as against 3,152 last year.

The number of specimens of sputum examined was 1,270, of which the chest physicians submitted 945.

Domiciliary Work.

1. Open air shelters.—The number of shelters on loan during the year was 31.

2. Nursing of advanced cases.—The number of visits made by district nurses under the direction of the County Nursing Association was 2,193.

3. Domiciliary Aids.—Help continues to be given to suitable cases in the shape of beds, bedding, sponge rubber mattresses, air-rings, bed rests, etc., which are issued on loan.

4. Domiciliary Visits.—The chest physicians have paid 1,276 visits to patients' homes: Dr. Coward 420, Dr. Lane 652, and Dr. Walker 204. The Health Visitors paid 4,077 visits, and the District Nurses 2,193.

Surgical Tuberculosis.

The number of patients admitted to orthopædic hospitals, and of those remaining under treatment, and other information, will be found in Table T.B.2.

Out-patient treatment is available at the Leicester City Clinic, Richmond House, The Newarke, Leicester, under Mr. Morris; The Cripples' Guild, Packe Street, Loughborough, under Mr. Malkin; and at the Coalville and Hinckley Orthopædic Clinics under Mr. Nisbet.

Lupus.

Cases of Lupus are treated at the Skin Department, Leicester Royal Infirmary, under the care of the skin specialist. They also attend the out-patient dispensaries for general supervision.

General Comments.

This is the first full year of the working of the National Health Service Act of 1946. The work at the clinics has shown a steady increase in numbers, in examinations, and in accessory helps. The shortage of nurses continues, and our waiting lists have been fairly long, though perhaps not so long as some.

A certain number of cases have had, or are having, streptomycin and P.A.S., both prior to admission to the Sanatorium and also as part of domiciliary treatment.

The Home Helps Scheme also has been of assistance to some of the patients, and when fully developed should be a great blessing to those who really need it.

At the end of the year a beginning was made in Mantouxing hospital

nurses with a view to B.C.G. vaccination. It is hoped to extend this to include vaccinating of child contacts of tuberculous patients. The period of isolation is, however, a stumbling block as the means of segregation are lacking in many cases. If the present conditions are maintained it is difficult to see how the scheme can be worked on an extended scale.

The Mass Radiography Unit operated at the end of the year in Loughborough, and cases found to be suffering from tuberculosis, either active or chronic, were dealt with at the local clinic. No figures can be given as the survey was carried on into 1950.

The figures for notifications and deaths show little change from last year, though the number of deaths from non-respiratory tuberculosis is down to 15, which is a record low return. The deaths from respiratory tuberculosis show that from the ages of 15 to 45 years the number of women dying predominates—36 women to 29 men; but after 45 years many more men die—37 men to 14 women.

As regards the Districts, respiratory notifications are doubled in the Hinckley area, there being 40 as against 21 last year; and in the Melton area 13 as against 5. Respiratory deaths in the Barrow area have almost doubled—27 as against 14 last year; and in Market Bosworth—11 deaths as against 5. These variations are not uncommon when viewed from year to year.

N. A. COWARD.

SECTION 29.—DOMESTIC HELP SERVICE.

The official title of this service is as stated above, but it is popularly known as the "Home Help Service," a title which seems to indicate its purpose more accurately. 1948 saw the appointment of a full time Organiser and the start of a service in Coalville, but the service was in its very early stages by the end of the year, and had only been in operation for a short time.

In 1949 very considerable advances were made. It was obviously impossible to run the service from one place, and the county was divided into areas centered on Leicester, Coalville, Loughborough, Hinckley, Melton Mowbray, Market Harborough and Lutterworth. Area Offices were opened and staffed in Leicester, Coalville, Loughborough and Hinckley by the end of the year. Melton Mowbray and Market Harborough will be provided with Area Offices in 1950. When fully in operation each area office will have an area supervisor, whose task will essentially be visiting homes, supervising helps, etc., and an area clerk who will interview people requiring the services of a home help, and deal with the clerical work and assessments.

Progress in the service was due very largely to the energy and ability of the Organiser, who did the necessary ground work in each area before the service started. It will be seen from the figures that on December 31st, 1949, there were 53 permanent home helps and 20 temporary ones, and that during the year help had been given to 464 cases.

Particular attention is given to the recruitment of home helps. References are taken up carefully, and every effort made to ensure that the right type of person is engaged. Applicants are taken on in a temporary capacity in the first place, and before being accepted on the permanent staff attend a two weeks preparation course, having to satisfy the instructor.

This preparation course serves two purposes. In the first place, it prepares home helps for the task before them by amplifying their existing knowledge of household work, and in the second place it enables the supervisor and the instructor to estimate the capability and temperament of those home helps and so to "weed out" any unsuitable for permanent employment. Some women find the work unsuitable or too hard, or resign for domestic reasons. The aim is to build up a force of permanent home helps, either full or part time, who undertake the work as a career.

Some details of the financial side may be of interest. The cost of the service has been fixed at 2s. 4d. per hour (including administrative charges). Recovery of fees is made on a scale approved by the County Council, and it will be seen that on this basis about 22% of the total cost is recovered. Some specimen assessments are given below, which not only show the amount recovered from typical cases, but give some idea of the circumstances and needs of the cases helped.

Persons applying for the services of a home help are informed that the full charge is 2s. 4d. per hour. If the applicant is unable to afford this, an assessment is made according to the family financial circumstances which usually results in a reduced weekly charge. If the home help is retained for more than two weeks, then a second assessment is made which reduces the charge still further.

Earnings, Family Allowances, interest on investments, income from rents, etc., are all taken into account in arriving at amounts to be charged. Service benefits and maternity allowances are disregarded for assessment purposes but 10/- per week is added to the normal assessments for maternity cases during the period in which the maternity attendance allowance is received. No assessed charge is to exceed the full hourly rate, while special consideration is given to cases of hardship or unusual circumstances.

TYPICAL EXAMPLES.

Maternity case—Mr. and Mrs. X. Six children—ages ranging from 14 to one year. Another baby expected.

Total income	...	...	...	£7	15s.	1d.
Allowances in respect of rent, rates and board for family	...	...	...	£5	13s.	0d.
Net remaining income on which assessment is made	...	...	...	£2	2s.	1d.
Normal assessment	...	...	...		18s.	0d. per week.
Plus 10/- for period whilst in receipt of maternity attendance allowance making a total of	...	...	...	£1	8s.	0d. per week.
	*	*	*			

Chronic case—Carcinoma. Mr. and Mrs. X.

Total income	...	...	...	£5	7s.	0d.
Allowances, etc.	...	...	...	£2	14s.	10d.
Net remaining income on which assessment is made	...	...	...	£2	12s.	2d.
Normal assessment	...	...	...	£1	5s.	0d. per week.
	*	*	*			

Ordinary Illnesses—Mr. and Mrs. X.

Mother in hospital—Father with quinsy. Three children—ages ranging from 11 years to 2½ years.

Total income	...	...	...	£9	10s.	0d.
Allowances in respect of rent, rates and board for family	...	...	...	£3	19s.	2d.
Net remaining income on which assessment is made	...	...	...	£5	10s.	10d.
Normal Assessment—1st	...	...	...	£4	0s.	10d. per week.
2nd	...	...	...	£2	12s.	1d. per week.
Re-assessed for hardship—						
First assessment	...	...	...	£3	0s.	0d. per week.
Second assessment	...	...	...	£2	0s.	0d. per week.
	*	*	*			

Old Age—Mr. and Mrs. X.

Total income	...	...	...	£2	2s.	0d.
Allowances in respect of rent and board	...	...	...	£2	4s.	0d.
Net remaining income	...	...	...		Nil.	
Assessment	...	...	...		Nil.	

Other emergencies—Mr. X—children temporarily deprived of their mother.

Three children—aged ranging from 8 years to $2\frac{1}{2}$ years

Total Income	£8 13s. 9d.
--------------	-----	-----	-----	-------------

Allowances in respect of rent, rates				
--------------------------------------	--	--	--	--

and board for family	£4 7s. 10d.
----------------------	-----	-----	-------------

Net remaining income on which			
-------------------------------	--	--	--

assessment is made	£4 5s. 11d.
--------------------	-----	-----	-------------

Normal Assessment—1st	£2 15s. 11d. per week.
-----------------------	-----	-----	------------------------

2nd	£1 19s. 8d. per week.
-----	-----	-----	-----------------------

*	*	*
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Full charge—Mr. and Mrs. X. Mother in bed with Gland trouble. One child aged 8 years.

Agreed to pay the full charge of 2/4 per hour.

*	*	*
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Details of the preparation courses and the figures for the year are given below:

Preparation Courses.

The courses are divided into two parts—practical and theoretical and cover the following subjects:—

PRACTICAL:

Family and invalid cookery, household and baby washing, ironing and mending. Practical demonstrations by instructor including the preparation of invalid trays.

THEORETICAL:

Instruction is also given on the following subjects:—The rationing system, marketing and budgeting, storage of food, personal and kitchen hygiene, fuel economy, gas, electricity, coal and oil stove cooking, improvisation of equipment, food values, packed meals, dietetics, laying of table and serving meals, household economies, standard of behaviour, general care of young children, and personal relationships, personal hygiene of patient and home help, feeding of babies (breast and bottle feeding), complementary feeds, cleansing of bottles, teats, etc., weaning, the necessity of boiling milk, regular meals and rest for toddlers, Infant Welfare Centres, elementary prevention and treatment of ailments, first aid in the home, immunisation, vaccination, cause and prevention of infection (particularly tubercular cases), bed making and changing of beds, draw sheets, lifting, etc. Help and advice is given to Home Helps meeting death for the first time. During the course arrangements are made with

the Superintendent of the County Nursing Association for prospective Home Helps to accompany district nurses or midwives on their rounds, giving the nurses or midwives the opportunity of explaining to what extent they, the Home Helps, can be of assistance to them. The nurses also advise and, of course, set an example as to the correct manner of approaching and entering a stranger's home. Six courses were held during the year, and 55 prospective Home Helps attended.

Statistics for the Year.

Number of Permanent Home Helps at end of year:

(a) Full-time workers	...	...	...	32	
(b) Part-time workers	...	...	...	19	
(c) Occasional workers	...	...	...	2	
				—	53

Number of Temporary Home Helps at end of year:

(a) Full-time workers	...	...	...	5	
(b) Part-time workers	...	...	...	11	
(c) Occasional workers	...	...	...	4	
				—	20

Total number of hours completed by Home Helps:

(a) On duty	...	...	...	...	70,349	
(b) Travelling time	...	...	...	...	6,116	
					—	76,465

Number of cases attended:

(a) Maternity	...	...	...	...	206	
(b) Ordinary illness	...	...	...	...	130	
(c) Chronics	...	...	...	...	19	
(d) Tubercular	...	...	...	...	7	
(e) Old age, illness and infirmity	...	...	...	...	93	
(f) Other (emergencies)	...	...	...	...	9	
					—	464

Value of assistance given to above cases ... £8,207 7s. 6d.

Accounts rendered:

(a) Number	...	...	...	...	2,066	
(b) Amount involved	...	...	...	...	£1,799 18s. 5d.	

Assessments:

(a) Full charge	...	...	...	...	52	
(b) Part Charge	...	...	...	...	341	
(c) Nil	...	...	...	...	60	
(d) Awaiting assessment	...	...	...	...	1	

Area Particulars.

Area Office.	Date office opened.	No of home helps at Dec. 31st, 1949.		Cases attended 1949.
		Permanent.	Temporary.	
Leicester	6.2.49	18	1	244
Coalville	15.11.48	18	7	114
Loughborough	22.8.49	7	4	57
Hinckley	7.11.49	10	1	37
Melton Mowbray	—	—	3	4
Market Harborough	—	—	2	3
Lutterworth	—	—	2	5
Totals	—	53	20	464

General Comments.

There can be no doubt of the value of the scheme, or that as a social service it has come to stay. The numerous letters of appreciation received in the office, often couched in very touching terms, are some testimony, and it is a pleasant change for those in local government service to be thanked for the provision of a service rather than blamed when something goes wrong! The service costs money, but most of the money is saved elsewhere—by the saving of places in old people's homes, children's homes and hospitals. It is not an easy service to provide, especially in rural areas, and the committee and its officers have had a number of awkward problems to tackle, which makes the progress during the year all the more satisfactory. The goodwill of the local authorities in the county was most noticeable, and much help was received from them, and also from private individuals and such organisations as the Women's Voluntary Service, etc.

SECTION 51.—MENTAL HEALTH SERVICE.

Last year's Annual Report set out the administrative arrangements made to carry out the Council's responsibilities under this Section. This year's work has shown that those arrangements are satisfactory and work well in practice, and has indicated also that extension in certain respects is desirable.

Mental Diseases.

During the year 210 cases were dealt with by the Authorised Officers under the Lunacy Act, 1890, details being as follows:

		Males	Females	Total
Admission under Section 11	...	1	2	3
„ „ Section 16	...	76	122	198
„ „ Section 20	...	4	5	9

Other admissions to mental hospitals notified to the Department totalled 197 (90 male and 107 females). Last year's report commented on the large number of old people admitted to mental hospital, and the same comment can be made this year.

Some patients, after their discharge from hospital, are referred to the Department as being in need of advice, and the services of the mental health officers are available to those patients who give their consent to such procedure. The general public, as well as official and other organisations, are becoming aware of the existence of this mental health service, and an increasing number of cases are the subject of informal enquiry and advice.

Mental Deficiency.

During the year 71 new cases were reported. 19 were placed under statutory supervision; 12 were sent to institutions; 3 were placed under guardianship; 9 were found not subject to be dealt with; while in 28 cases no decision had been reached by the end of the year.

The Sub-Committee reviewed the question of Occupation Centres, and laid down a policy for the future. It was decided that, as soon as possible, the present four part-time centres should be made full-time, and that new centres should be opened where the necessity of such provision could be shown. It is hoped that next year's report may show what progress has been made. The figures at the end of the year were:

				Register	Staff
Coalville Centre.	...	...	...	10	2
Hinckley Centre	...	...	...	16	2
Loughborough Centre	...	...	...	13	2
Melton Mowbray Centre	...	...	...	7	} 2
Melton Mowbray Home Training	...	...	...	11	

Statistics relating to Mental Deficiency, as at 31st December, 1949, are given below:

	Males	Females	Total
In institution, or licensed there- from	163	200	363
Under guardianship, or licensed therefrom	7	10	17
Under statutory supervision ...	140	115	255
Under voluntary supervision ...	60	46	106
Supervision cases receiving training	28	29	57
Cases awaiting institutional accom- modation	12	15	27

NOTIFICATION OF BIRTHS.

(Public Health Act, 1936. Section 203).

Notifications of births are usually received in the Department from midwives in attendance at confinement. Information is exchanged with the Registrars of Births in order to discover births not notified or not registered within the statutory time limits of the regulating Acts of Parliament. In the annual return to the Ministry of Health the number of births notified is required to be modified according to the residence of the mother. Thus "Transfers Out" are deducted from the crude figures where the usual residence of the mother is outside the County area; while "Transfers In" are added as relating to County mothers who went outside the County area for confinement.

The following gives particulars of births recorded in the Department for the year. Of the total number of births recorded, 27 were discovered through the Registrars of Births.

		Live Births	Still Births	Total
Total which occurred in				
Leicestershire	...	4,951	90	5,041
Less "Transfers Out"	...	290	3	293
		—	—	—
		4,661	87	4,748
Add "Transfers In"	...	1,232	43	1,275
		—	—	—
Net Leicestershire Births	...	5,893	130	6,023
		—	—	—

As stated elsewhere in the report, all notifications of births are scrutinised for prematurity and illegitimacy, and such cases are referred to the Health Visitors for special report and supervision. In addition, records of all live births are passed to the Immunisation and Vaccination Section so that parents may be notified in due course of these facilities for their children.

REGISTRATION OF NURSING HOMES.

(Public Health Act, 1936. Sections 187 to 194).

Homes closed.

"The Newlands," Kirby Muxloe, on May 31st, 1949; voluntarily by the owner.

Homes newly registered.

No new registrations were issued during the year.

Existing Homes.

The following gives a complete list of Nursing Homes in the County which were open at the end of the year:

Address of Nursing Home.	No. of Beds.		
	Maternity	General	Total
"Innisfree," Melton Road, Barrow-on-Soar	1	—	1
25 London Road, Coalville ...	8	—	8
"Braemar," Newton Burgoland ...	1	—	1
77 Park Road, Loughborough ...	9	2	11
The Loughborough Nursing Home Ltd., Radmoor St., Loughboro'	5	5	10
"Fairhaven," Shellbrook, Ashby-de-la-Zouch	—	9	9
"Roundhill," Syston Road, Thurmaston	12	—	12
Walberton Rest and Convalescent Home, Stamford Road, Kirby Muxloe	—	33	33
	—	—	—
Totals ...	36	49	85
	—	—	—

These Homes are inspected by Medical Officers of the Department and by Officers of the Leicestershire County Nursing Association.

NATIONAL ASSISTANCE ACT, 1948.

Sections 29 and 30. Welfare Services for Handicapped Persons.

Responsibility for the administration of these Sections of the Act has been delegated by the County Council to the Health Committee.

BLIND PERSONS.

A scheme for the welfare services for blind persons has now been submitted to and approved by the Ministry of Health. Agency arrangements in accordance with Section 30 of the Act have been agreed with the Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind, with which voluntary body the City of Leicester and the County of Rutland have also made similar arrangements. The County scheme is, in effect, an extension of the previous policy of the County Council.

Work during the Year.

I am indebted to Mr. C. R. Holt, Secretary of the Institution for the Blind, for the following report on the work carried out by the Institution for the year ended March 31st, 1950.

"In co-operation with the Leicester City Council and the Rutland County Council, a Welfare Service for the Blind under the National Assistance Act, 1948, continues to be administered by the Royal Leicester, Leicestershire and Rutland Institution for the Blind, in similar circumstances to those previously provided for by the Blind Persons Acts.

Registration.

At March 31st, 1950, there were 539 registered Blind Persons resident in the area of Leicestershire. The analysis being as follows:—

Male:	0— 4	...	...	...	...	...	1
	5—10	1
	11—15	8
	16—20	2
	21—30	15
	31—39	11
	40—49	19
	50—59	28
	60—64	23
	65—69	20
	70 and over	98

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Female:	0— 4	3
	5—10	2
	11—15	3
	16—20	1
	21—30	12
	31—39	11
	40—49	15
	50—59	34
	60—64	22
	65—69	35
	70 and over	175

 313

Open Industry.

Thirty-five Blind Persons are engaged in Open Industry in various trades:—

Labourers	...	...	...	...	...	1
Agricultural Workers	...	...	...	...	...	2
Basket Workers	...	...	...	...	...	1
Dealers, Tea Agents, etc.	...	...	...	...	...	3
Factory Operatives	...	...	...	...	...	8
Gardeners	...	...	...	...	...	1
Home Teachers	...	...	...	...	...	1
Physiotherapy	...	...	...	...	...	1
Piano Tuner	...	...	...	...	...	1
Porters	...	...	...	...	...	2
Poultry Keepers	...	...	...	...	...	1
Telephone Operators	...	...	...	...	...	6
Farmer	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	6
						—
						35
						—

Every endeavour is made to give or find employment for the Blind. The number of Blind Persons employed—a total of 59—is a satisfactory porportion of the Blind Population, within the Area.

Summer Outing.

For the first time a combined summer outing available to Blind Persons of all parts of the County, took place. The venue was Wicksteed Park. The weather was perfect for such a happy gathering and an excellent tea was provided. The kindly assistance of the Kettering Rotary Club, who made all arrangements for the entertainment, was greatly appreciated.

Rutland Home.

A holiday at the Rutland Home, Bournemouth, was enjoyed by many Leicestershire Blind Persons during the year under review. The expressions of appreciation voiced by the guests is evidence of the pleasure such a holiday home provides.

Social Parties.

Social parties organised in many districts are always well attended. On such occasions many friends extend the use of their private cars to

convey Blind Persons to and from their homes. This disinterested service in the Welfare of the Blind is recorded with sincere thanks.

Workshops.

Industrial activities of the Institution for the Blind includes up-to-date Workshops in which 18 Blind Persons are engaged in the following trades :—

Basket Workers	...	...	...	...	...	5
Boot Repairers	...	...	...	...	...	2
Brush Makers	...	...	...	...	...	1
Chair Seaters	...	...	...	...	...	1
Coal Bag Makers	...	...	...	...	...	1
Firewood Workers	...	...	...	...	...	1
Knitters (Machine)	...	...	...	...	...	2
Mat Makers	...	...	...	...	...	2
Porters, Packers and Cleaners	...	...	...	...	...	3
						—
						18
						—

Home Workers.

The Home Workers scheme is a highly important department of our activities. Every aid and advice is available to the Home Workers. Their earnings are supplemented, thus providing them with an assured income. Six Blind Workers are engaged as under :—

Basket Workers	...	...	...	...	...	1
Braille Copyist	...	...	...	...	...	1
Firewood Worker	...	...	...	...	...	1
Piano Tuner	...	...	...	...	...	1
Poultry Keepers	...	...	...	...	...	2
						—
						6
						—

Students of all ages are given a start in life by means of an adequate course of training, the length of time depending upon adaptability to the type of trade and the occupation at which they anticipate to earn their living

Gifts.

From the accrued interests of legacies a sum exceeding £1,500 was again distributed in cash to County unemployed Blind Persons this year by way of a cash gift at Midsummer and at Christmas.

Wireless.

Through the British Wireless for the Blind Fund a greater number of wireless sets have been available for distribution during the past year and it is a pleasure to record that all out of date and dilapidated sets have now been replaced. Repairs and adjustments are attended to by a qualified Radio Engineer engaged by the Institution without any cost to the Blind Person.

Where a newly registered case is found not to be in possession of a wireless set, the Institution is now able to install a new set almost immediately—a boon of immeasurable pleasure to the recipient.

Home Teachers.

The value of regular visitation and guidance to each Blind Person is a matter of great appreciation. By tactful approach the Home Teacher endeavours to obtain the full confidence and goodwill of the Blind. One aim of a Home Teacher is to minister to them within their homes in their hour of need. Four Home Teachers are engaged in the County.

Voluntary Help.

Voluntary service is particularly attributable to the English speaking people. It is part of our heritage and it would be lamentable, if, by our apathy, it would fall into ruin. There are many kinds of work for the Institute and it would be difficult to name them all. Sufficient it is that every one works in his or her respective sphere with equal warmth, thus ensuring the happy mixture of the whole and all the time every worker is scheming to render better and more extended work.

Retirement of Chairman.

The retirement of Ald. J. W. Black, after 21 years' loyal service as Chairman, was received during the year.

Mr. Henry Smith, J.P., was unanimously appointed to succeed."

C. R. HOLT, Secretary.

SOUTHERN REGIONAL ASSOCIATION FOR THE BLIND.

An annual grant according to the officially recorded numbers of blind persons in the area is made to the above Association, which is the official advisory and consultative body recognised by the Ministry of Health, and is representative of local authorities and voluntary agencies. The work of the Association concerns the promotion of welfare of the blind and the prevention of blindness, co-ordination with local authorities and voluntary associations, conferences, the maintaining of a central register of blind persons and collation of statistical data, training and refresher courses for teachers of the blind, and dissemination of information.

DEAF AND DUMB.

No scheme on the lines of that made for the blind, has yet been made for the deaf and dumb. An annual grant is made by the County Council to the Leicester and County Mission to the Deaf and Dumb, which carries out most valuable welfare work, while in the Loughborough area there is a "daughter mission," the Loughborough and District Mission to the Deaf and Dumb.

CRIPPLES WELFARE.

The Leicestershire Voluntary Association for Cripples' Welfare which has close ties with the County Council, and receives an annual grant, undertakes much valuable work in the County: while other voluntary bodies, such as the British Red Cross Society and the Order of St. John, are interested.

FREE TRANSPORT PASSES FOR BLIND AND HANDICAPPED PERSONS.

Until recently, free transport passes for travel to and from work were granted by the Leicester City Transport Department to members of the Institution for the Blind, members of the Cripples' Guild, and crippled and limbless members of the British Legion and British Limbless Ex-Servicemen's Association. In the case of blind persons the County Council had made some payment for transport passes, but had not undertaken similar responsibility for other handicapped persons.

However, at a recent Public Ministry of Transport Inquiry, the Chairman of the Inquiry suggested that the cost of transport passes for handicapped persons should be borne by those organisations concerned with the welfare of the various classes of handicapped persons.

The Leicester City Transport Committee accordingly made a request to the County Council for reimbursement of the cost of passes for those handicapped persons resident in the County who need to travel in the

City by reason of their employment. Section 30(ii) of the National Assistance Act, 1948, gives power to the County Council to make financial contributions for this purpose, and it has been decided to make grants to the organisations concerned equal to the amount expended on the provision of free transport passes on receipt of approved applications from handicapped persons through the appropriate organisations.

CHILDREN ACT, 1948.

Although this Act charged the Children's Committee with the care of all "deprived" children, considerable responsibility remains with the Department as being inseparable from the supervision maintained over all children. The bulk of the work, of course, falls on the Health Visiting Staff, and much of the time of the Superintendent Health Visitor is occupied in dealing with cases reported by her Staff. Effective liaison is maintained with the Children's Department, and reports are forwarded regularly on existing and newly discovered cases.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Very little activity, as envisaged by the Act, is apparent in this County. The following table shows the position at the end of the year.

	Number Registered.	Number of children provided for.
Premises	1	16
Daily Minders ...	6	11

NOTIFICATIONS OF INFECTIOUS DISEASES.

A statistical record of infectious diseases notified during the year is to be found in Tables 3 and 4 at the end of the report.

A brief comment on the individual infectious diseases notified during the year follows herewith.

Scarlet Fever.

There were 529 notifications, as against 585 in the previous year.

Whooping Cough.

Although the record of notifications shows some decrease compared with the previous year, this disease still affects a large number of children. The following table gives a record of notifications and deaths during the

last ten years. It is difficult to assess a normal or abnormal attack rate in the case of whooping cough as it was only made compulsorily notifiable in 1940.

Year	Notifications.	No. of deaths.	Death rate per thousand notifications.
1940	439	10	22.77
1941	2,032	16	7.87
1942	167	2	11.97
1943	1,292	11	8.51
1944	844	10	11.84
1945	640	5	7.81
1946	1,027	8	7.78
1947	718	9	12.53
1948	1,701	6	3.52
1949	1,158	7	6.05

Measles.

The following shows a record of notifications and deaths during the last ten years.

Year	Notifications.	No. of deaths.	Death rate per thousand notifications.
1940	6,233	4	0.64
1941	3,896	5	1.28
1942	2,687	—	—
1943	4,005	8	1.99
1944	618	—	—
1945	4,731	3	0.63
1946	632	—	—
1947	4,818	9	1.86
1948	4,013	1	0.24
1949	3,096	3	0.97

Diphtheria.

True notifications 3, deaths 1; last year—notifications 7, deaths 1. Reference to the part of this Report dealing with Section 26 of the National Health Service Act will show the work that has been carried out for the prevention of this disease.

Acute Poliomyelitis.

During the year this disease reached by far the highest incidence in this County since 1926, and accordingly a special report by Dr. J. R. Byars, Deputy County Medical Officer, is given below.

This report on the outbreak of acute Poliomyelitis has been prepared from notifications and reports received in the County Health Department and is, therefore, of necessity confined to information that can be extracted from them. An attempt has been made to compare this epidemic with that in the report of the County Medical Officer for the year 1926. Figures have been used from that report rather than from the investigation by Dr. J. M. Mackintosh, published a year later, since our knowledge of the present epidemic is similar to that available when the 1926 report was prepared.

89 cases occurred in 1949 against 72 in 1926. It must be remembered, however, that the estimated population of the county has increased by 62,500 since 1926, so that the incidence of the disease per 1,000 of the population was actually greater in 1926. The ratio of deaths to total cases was also higher in 1926, being 12.5% against 7.86%.

The sexes were affected to approximately the same extent in each epidemic. In 1926 there were 39 male cases and 33 female: in 1949 the sex incidence was 48 male and 41 female. When we compare the ages of the patients and the areas of the county affected, there is a marked difference. The proportion of cases in children under 5 years of age was nearly the same in both outbreaks but only half the proportion between 5 and 8 years in 1926 was affected in 1949, the figures being 30% and 15%. Again only 58% of the patients in 1949 were under 10 years, against 73% in 1926. As a consequence, the incidence in patients over school age was 30% in 1949, whereas it was only 14% in 1926. There were four instances of 2 cases occurring in the same house within a few days of each other.

The epidemic phase occurred at roughly the same time of year, but in 1949 the disease was well established in early July with the largest number of notifications in August and October, whereas the 1926 outbreak began slightly later and had largely subsided by the middle of October.

The statement is made that the 1926 epidemic was characteristically widespread and that the coal mining districts of the Western part of the county had relative immunity. The outstanding feature of the present distribution was the way in which the disease started in the Western half of the county and tenaciously spread there. Of the first 40 notifications only 2 were from East of Leicester. At first notifications came from the Hinckley district, 14 of the first 20 coming from that area. Without any respite in the South West, the North West began to report cases and then places in between were affected; but during the whole of the period only 13 reports came from East of Leicester.

An interesting fact gathered from the Registrar General's weekly return of Infectious Diseases was that, for a considerable period after the disease was prevalent in the Hinckley area, only one case had been notified in Nuneaton and that was a child attending Hinckley school. Further along the Southern boundary the Lutterworth area had only one notification, whereas cases were regularly being notified in Rugby, a place of employment and entertainment for Lutterworth people.

Places, as distinct from authority areas, most affected were Hinckley, Shepshed, Loughborough, Whitwick and Earl Shilton, in that order. The table below gives, with corrections for boundary changes, the difference in incidence for local authority areas. It will be seen that Wigston, Ashby Woulds, Castle Donington and Lutterworth had no notifications in 1949.

	Year 1926	Year 1949
URBAN DISTRICTS:		
Ashby-de-la-Zouch ...	0	1
Ashby Woulds ...	0	0
Coalville ...	0	11
Hinckley ...	15	21
Loughborough M.B. ...	7	7
Market Harborough ...	2	1
Melton Mowbray ...	1	1
Oadby ...	0	3
Shepshed ...	0	8
Wigston ...	2	0
Urban Totals ...	27	53
RURAL DISTRICTS:		
Ashby-de-la-Zouch ...	2	2
Barrow-upon-Soar ...	18	5
Billesdon ...	12	3
Blaby ...	2	7
Castle Donington ...	0	0
Lutterworth ...	2	1
Market Bosworth ...	0	13
Market Harborough ...	5	4
Melton and Belvoir ...	4	1
Rural Totals ...	45	36
Whole County ...	72	89

It was earlier stated that nearly 8% of the patients died. Distressing though this is, poliomyelitis causes most damage by the paralysis which the patient has to bear, often for the rest of his life. It is, as yet, too early to assess the extent of the paralysis resulting from the latest attack since recovery is slow and gradual. All patients with paralysis were referred, through the Health Department or direct, to orthopædic hospitals or clinics, and mention should be made of the co-operation and help received from the isolation hospitals in the admission of cases and in the arrangements for their subsequent treatment. A word of thanks is also due to the local press for the restrained and factual way in which a subject of high news value was handled and unnecessary alarm in the minds of parents avoided.

J. R. BYARS.

LABORATORY FACILITIES.

Although facilities for the bacteriological examination of pathological specimens were diverted by the National Health Service Act to the Public Health Laboratory at the Isolation Hospital, Groby Road, Leicester, it was considered advisable to continue the County Laboratory for the time being owing to other commitments and also to help generally the transition period of the new arrangements.

The following is a summary of examinations carried out during the year.

Bacteriological milk examinations	...	...	4,626
Milk for phosphatase tests (566 tests included in above total)			
Milk for fat content	...	...	22
Swabs for diphtheria	...	...	500
Sewage and water analyses	...	...	447
Urine, general and bacteriological	...	...	385
Urine for tubercle bacilli	...	...	73
Ice cream for coliform organisms	...	...	226
Miscellaneous	...	...	26
			<hr/> 6,305 <hr/>

Milk Examinations.

The following table shows the results and sources of the 4,626 samples of milk examined during the year.

Source or class of milk	RAW MILK			Heat treated	Total
	Satisfactory	Not satisfactory	Percentage satisfactory		
Accredited producers	1,072	124	89.6	...	1,196
Prospective accredited producers	59	20	74.7	...	79
Urban and Rural Districts ...	738	147	83.4	215	1,100
Schools	315	79	79.9	952	1,346
Tuberculin Tested producers ...	519	69	88.3	...	588
Prospective T.T. producers ...	147	30	83.0	...	177
Miscellaneous	55	27	67.1	58	140
Totals	2,905	496	85.4	1,225	4,626

Heat Treated Milk.

The phosphatase and methylene blue tests for heat treated (pasteurised) milk continued to be used as a routine measure in order to test the keeping quality of the milk concerned. The following are the results of the phosphatase tests.

Group I (2.2 Lovibond blue units or under)	Group II (2.4 or 6 Lovibond blue units)	Group III (Over 6 Lovibond blue units)	Total
556	7	3	566

Group I is a negative phosphatase test, indicating that the milk has been sufficiently heat treated. Groups I and III are definite; Group II indicates either insufficient temperature or holding time, or alternatively, the addition of a small quantity of raw milk; and Group III indicates that either the milk is grossly under treated, or contains an appreciable quantity of raw milk.

In carrying out the methylene blue "keeping quality" test, the milk is kept at room temperature (approximately 62° F.) until the morning following the day the sample is received. It is then subjected to this test for half-an-hour. The following is a summary of the year's results of this test.

Satisfactory	...	...	...	...	...	1,109
Not satisfactory	...	...	...	...	...	116
						<hr/>
Total	...	...	...	...	...	1,225
						<hr/>

SANITARY CIRCUMSTANCES OF THE AREA.

For the full particulars given in this section of the report I am grateful to Mr. S. A. Gregory, the County Sanitary Officer.

WATER SUPPLY.

The following table gives details of rainfall during 1949 recorded at the Sewage Farm, Wigston, and I am indebted to Mr. G. F. Stacey, Surveyor to the Wigston U.D.C., who kindly supplied these figures:—

Month.	Total depth	Greatest fall in 24 hours.		No. of days with 0.01 in. or more.	No. of days with 0.04 in. or more.
		Inches	Date		
January	1.67	.45	4	18	8
February	.78	.28	9	12	6
March	1.91	.79	5	14	10
April	2.02	.67	7	15	9
May	2.86	.54	18	14	10
June	.74	.24	4	8	6
July	2.99	1.64	15	9	7
August	1.60	.64	3	8	6
September	2.06	.91	23	8	6
October	5.28	1.15	26	16	14
November	2.64	.42	6	21	16
December	1.67	.34	19	17	13
Total	26.22	—	—	160	111

The following are the rainfall figures for the last ten years:—

Year.	Rainfall in inches.				
1940	26.42
1941	26.96
1942	20.79
1943	20.68
1944	24.64
1945	21.92
1946	30.69
1947	20.44
1948	29.34
1949	26.22

During the year investigations as to the purity of water supplies were systematically pursued throughout the county. 518 samples were submitted for analysis, compared with 494 in the year 1948, and the results are set out in the following table:—

District.	Satisfactory		Unsatisfactory	
	Chemical	Bacterio-logical	Chemical	Bacterio-logical
URBAN DISTRICTS:				
Ashby-de-la-Zouch ...	—	—	—	—
Ashby Woulds ...	—	—	—	—
Coalville ...	—	23	1	12
Hinckley ...	5	4	7	5
Loughborough M.B. ...	8	28	5	5
Market Harborough ...	22	9	—	1
Melton Mowbray ...	2	2	—	—
Oadby ...	—	—	—	—
Shepshed ...	—	—	—	—
Wigston ...	2	2	1	1
RURAL DISTRICTS:				
Ashby-de-la-Zouch ...	1	—	6	7
Barrow-upon-Soar ...	—	38	—	54
Billesdon ...	—	1	—	32
Blaby ...	26	40	2	49
Castle Donington ...	1	3	1	9
Lutterworth ...	—	12	1	12
Market Bosworth ...	3	—	19	—
Market Harborough ...	5	—	3	—
Melton and Belvoir ...	22	12	9	5
Totals ...	97	174	55	192

The above figures indicate the total number of water examinations carried out by the district councils, and in many cases the samples have been taken from wells and springs used by comparatively few people. The results, therefore, must not be interpreted as bearing any relation to the purity of the general water supply of the various districts.

The greater part of the urban districts are provided with a piped supply. In the rural districts, 142 parishes have piped supplies, but 73 rely mainly on wells.

The following work was carried out during the year in connection with water supply to dwelling houses:—

	Urban districts.	Rural districts.
Piped supplies substituted for well supplies	60	1008
Wells closed 	26	74
Wells cleansed, repaired, etc. 	5	54

In Ashby-de-la-Zouch and Ashby Woulds Urban Districts the supply was restricted on a number of occasions, due to increase in consumption and shortage of water at the source.

The Hinckley U.D.C. supply is about equal to demand, a most precarious position, but to date no increase in supply has been possible.

In the Melton Mowbray U.D. supplies had to be restricted throughout the year.

Market Harborough R.D.C. again had to resort to carting water to various villages in their area. A total quantity of 120,000 gallons was supplied to the villagers and farmers.

Piped water supplies were provided in the parishes of Burton-on-the-Wolds in Barrow-upon-Soar R.D., Keyham and Skeffington in Billesdon R.D., Barlestone and Carlton in Market Bosworth R.D., Saddington, East and West Langton, Tur Langton and Thorpe Langton (the Langtons scheme, mains only laid) in Market Harborough R.D.

In all areas, extensions of existing mains to serve new housing sites have been carried out.

SEWERAGE AND SEWAGE DISPOSAL.

All the urban districts have sewage disposal works, and with the exception of outlying properties, sewers are available throughout the districts. During the year a number of sewer extensions have been made to serve new housing estates.

Further schemes of sewerage and sewage disposal have been received during the year for the County Council's observations and many "black" spots in the area will be removed when they are carried out. Unfortunately a number of schemes which had already received approval were held up by the decision to limit capital expenditure.

Visits were made to sewage works and farms throughout the county, and the Laboratory carried out analyses on effluents and streams. Alterations have been carried out at a number of plants with marked improvement in the effluents. The practice of employing several full-time men with transport to look after a number of works instead of part-time employees is gaining in popularity, and the idea is certainly sound. The men have a real interest in the work and the treatment plants

receive proper attention, which is rarely the case with part-time staff. The continued co-operation between those in charge of various works and the County Sanitary Officer is to be commended.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following schemes have received the attention of the County Council where application has been made for grant aid under the above Act, during the year.

Water Supply.

<u>Local Authority.</u>	<u>Parishes and Areas affected.</u>	<u>Estimated Cost.</u>
Ashby-de-la-Zouch R.D.C.	Water supply to Bull Hill, Worthington.	£560 (less £120 from prospective consumers)
	Water supply to Swepestone.	£4,100
Barrow-upon-Soar R.D.C.	Water supply to South Croxtan.	£3,900
	Extension of mains to Burton-on-the-Wolds and Wymeswold.	£9,800
Blaby R.D.C.	Thurlaston water supply scheme.	£9,000
	Croft water supply.	£6,200
Market Harborough R.D.C. and Lutterworth R.D.C.	Joint water scheme for Husbands Bosworth, Theddingworth and North Kilworth.	£20,610
Melton and Belvoir R.D.C.	Extension of Wymondham water scheme to Gar- thorpe.	£5,750

Sewerage and Sewage Disposal.

<u>Local Authority.</u>	<u>Parishes and Areas affected.</u>	<u>Estimated Cost.</u>
Ashby-de-la-Zouch U.D.C. and R.D.C.	Joint scheme, Packington and New Packington sewerage.	£27,600
Barrow-upon-Soar R.D.C.	Sewage disposal extension at Queniborough and Birstall sewerage.	£55,550

Billesdon R.D.C.	Skeffington sewerage and sewage disposal.	£3,950
Blaby R.D.C.	Kilby sewerage and sewage disposal.	£12,600
	Thurlaston sewerage scheme.	£14,200
	Reconstruction of Enderby sewage disposal works.	£20,000
Hinckley U.D.C.	Stoke Golding sewerage scheme.	£4,082
Melton and Belvoir R.D.C.	Ashby Folville and Gaddesby sewage disposal works (Purchase from Air Ministry).	£2,750

This brings the total number of schemes considered since the passing of the Act to 92, of which 46 relate to water supplies and 46 to sewerage and sewage disposal. It is obvious that sewerage and sewage disposal arrangements should quickly follow the provision of piped water supplies, otherwise the problem of pollution of ditches and watercourses will be aggravated.

The Minister of Health has indicated the provisional amounts of Government grants under the Act in the case of two sewerage and sewage disposal schemes and four water supply schemes, the total amount involved being £35,250. Ministry Inquiries were held in respect of two schemes of water supply and three schemes of sewerage and sewage disposal.

POLLUTION OF RIVERS AND STREAMS.

Routine inspections of the watercourses in the county have been carried out, particularly the River Soar and its tributaries, and samples of water for analysis taken near the outfalls of effluents from sewage disposal works and other known sources of potential pollution.

Several schemes of sewerage and sewage disposal were prepared by the district councils after their attention had been drawn to gross pollution of watercourses through lack of adequate treatment arrangements.

Following informal action with the colliery managers, two cases of pollution of streams from coal washing plants were successfully cleared up. In this connection it is interesting to note that a small quantity of coal dust in suspension will cause a large stream to look like ink, with

the appearance of gross pollution. The colouration persists for a considerable distance before settlement takes place, and after pollution at the source of the trouble has ceased, the stream bed does not clear until after considerable flushing by heavy rainfall.

SANITARY INSPECTION.

District	No. Complaints received	No. Defects or nuisances discovered	No. Premises Visited		No. of Notices served				Summary action	
			Inspec- tions	Re- visits	Preliminary	Housing	Statutory	Other	Sum- monses issued	Convic- tions obtained
URBAN DISTRICTS										
Ashby-de-la-Zouch	105	218	647	261	79	102	—	12	3	3
Ashby Woulds ...	39	68	2,514	289	7	3	—	—	—	—
Coalville ...	173	152	3,735	1,022	104	224	31	19	6	5
Hinckley ...	417	2,082	4,836	3,247	150	141	4	20	4	4
Loughborough M.B.	832	1,026	6,587	8,577	49	651	1	52	—	—
Market Harborough	374	562	4,405	3,249	41	229	—	—	—	—
Melton Mowbray	152	346	751	1,260	41	59	—	—	—	—
Oadby ...	14	119	986	—	20	98	—	—	—	—
Shepshed ...	103	75	1,288	167	24	27	15	3	—	—
Wigston ...	208	498	920	1,916	52	404	—	—	—	—
RURAL DISTRICTS										
Ashby-de-la-Zouch	222	208	1,775	1,748	107	336	—	22	5	5
Barrow-upon-Soar	620	884	4,060	3,914	269	187	117	2	—	—
Billesdon ...	251	226	784	508	15	81	—	—	—	—
Blaby ...	320	713	3,307	3,308	108	253	14	7	—	—
Castle Donington	819	619	1,114	271	28	158	12	41	—	—
Lutterworth ...	134	50	1,187	—	—	69	—	3	—	—
Market Bosworth	163	129	6,081	3,724	—	293	1	5	—	—
Market Harborough	112	95	3,793	—	41	60	—	2	—	—
Melton & Belvoir	486	271	4,447	1,838	12	1	3	—	—	—
TOTALS	5,544	8,341	53,217	35,299	1,147	3,376	198	188	18	17

Closet Accommodation.

The following table shows the position as regards closet accommodation in the county at December 31st, 1949.

DISTRICT	Privies	Pail closets	Water closets	TOTAL	Converted to Water closets		Privies converted to Pail closets
					Privies	Pail closets	
URBAN DISTRICTS							
Ashby-de-la-Zouch...	41	39	1,277	1,357	20	15	—
Ashby Woulds ...	8	31	639	678	4	4	—
Coalville ...	181	225	7,456	7,862	18	26	—
Hinckley ...	4	225	10,325	10,554	—	3	—
Loughborough M B	21	144	13,065	13,230	2	31	—
Market Harborough	3	25	4,404	4,432	—	—	—
Melton Mowbray ...	—	9	3,790	3,799	—	—	—
Oadby ...	—	16	1,954	1,970	—	12	—
Shepshed ...	54	411	1,630	2,095	—	33	—
Wigston ...	—	23	5,379	5,402	—	1	—
RURAL DISTRICTS							
Ashby-de-la-Zouch...	355	1,534	2,009	3,898	9	58	8
Barrow-upon-Soar ...	36	1,820	12,811	14,667	—	82	—
Billesdon ...	5	1,189	1,230	2,424	—	17	—
Blaby ...	—	1,936	9,677	11,613	—	140	—
Castle Donington ...	46	323	2,352	2,721	—	1	2
Lutterworth...	43	1,725	1,571	3,339	—	12	4
Market Bosworth ...	1	2,223	4,735	6,959	—	681	—
Market Harborough	165	90	2,120	2,375	—	5	—
Melton & Belvoir ...	403	3,088	1,632	5,123	—	27	2
TOTALS	1,366	15,076	88,056	104,498	53	1,148	16

The number of pail closet conversions during the year continues to show an increase. In 1948 the total carried out was 898.

Complaints.

The following complaints were received in this department during the year, and were referred to district officers:—

General sanitary matters	...	...	...	33
Housing	...	...	...	98
Water supplies	...	...	...	10
				<hr/>
				141
				<hr/>

Public Cleansing.

“Direct labour” is still employed in all districts, with the exception of one remote parish of an urban district. A total of 69 motor vehicles and 4 horses are used in connection with the work; the authority using the horses have replacement motor vehicles on order.

In the urban areas, 7 districts maintain weekly collections of refuse, 1 district collects every 9 days, 1 district at 9-14 day intervals and the remaining district operates a fortnightly service.

In the rural areas, 6 districts operate a weekly collection of refuse, 1 district collects every 9 days and 2 districts every fortnight.

The methods of disposal remain as in previous years, viz.: controlled tipping, crude tipping and incineration. In the urban areas, 6 districts use controlled tipping with 10 tips in use; one district uses crude tipping; 2 districts rely mainly on incineration and the remaining district uses incineration for 25% of the refuse to raise steam at the sewage disposal works, with controlled tipping for the remaining refuse. The rural districts rely solely on tipping, using 13 controlled tips and 19 crude tips.

Shops Acts, 1912 to 1938.

Certain provisions of these Acts affect the health and comfort of shop workers. These provisions give power to require suitable and sufficient means of ventilation, heating and lighting, sanitary conveniences, washing facilities, facilities for the taking of meals, and seats for female shop assistants.

The responsibility for the enforcement of these provisions in Leicestershire is divided as follows:—

Ventilation	} Loughborough Borough Council and all the Urban and Rural District Councils.
Heating	...	...	...
Sanitary conveniences	...	...	...

Lighting	}	Loughborough Borough Council, Coalville & Hinckley Urban District Councils, elsewhere in the County, the County Council (administered by the County Police).
Washing facilities		
Facilities for taking meals ...		
Seats for female shop assistants		

The work done by the district councils during the year may be summarised as follows:—

Defects.	Outstanding from previous year	Defects found	Defects remedied	Outstanding 31.12.49
Sanitary conveniences ...	5	52	44	13
Heating	—	8	8	—
Ventilation	—	10	9	1
Washing facilities ...	1	7	5	3
Drainage defects ...	—	6	6	—
Prescribed Forms ...	—	38	38	—

Swimming Baths and Pools.

There are 21 swimming baths and pools in the county of which 9 are publicly owned and 12 are privately owned. All the publicly owned baths are situated in urban areas and suitable measures are taken to ensure the satisfactory condition of the water. Of the privately owned pools, several are reserved for private use only, but the baths and pools which are open to the public have been inspected on 174 occasions during the year.

A tender for a chlorination and filtration plant has been accepted for one of the publicly owned baths which previously had untreated water, and it is hoped that the plant will be in operation for the 1950 season.

Camping Sites.

During the year there were 10 camping sites in use in the county, 5 of which were licensed, all by the same district.

HOUSING.

Applicants for Council houses number 11,755 as against 13,628 last year. The number of houses erected and in course of erection is materially the same as last year and at the present rate of progress it will be some time before the problem of the sub-standard and unfit houses can be tackled seriously. The question of the selection of tenants for new houses must be an unenviable task, as each individual regards his own case as more pressing than his fellow applicants'.

SUMMARY OF THE ORDINARY HOUSING ACTIVITIES IN THE VARIOUS DISTRICTS IN THE COUNTY DURING 1949:—

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	ACTION UNDER STATUTORY POWERS DURING YEAR						HOUSING ACT, 1936, PART IV.—OVERCROWDING						
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	No. dwelling houses inspected and recorded under the Housing (Consolidated) Regulations 1925 & 1932 (included in previous column)	No. dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. dwelling houses found not to be in all respects reasonably fit for human habitation (exclusive of those in previous column)		HOUSING ACT, 1936, SECTIONS 9, 10 & 16		PUBLIC HEALTH ACTS		HOUSING ACT, 1936, SECTIONS 11 & 13		HOUSING ACT 1936, SEC. 12	No. dwelling houses overcrowded at end of year	No. families dwelling therein	★ No. persons dwelling therein	No. new cases of overcrowding reported during year	No. cases of overcrowding relieved during year	★ No. persons concerned in such cases
						No. dwelling houses in respect of which notices were served requiring repairs	No. dwelling houses rendered fit after service of formal notices (By owners)	No. dwelling houses in respect of which notices were served requiring defects to be remedied	No. dwelling houses in which defects were remedied after service of formal notices (By owners)	No. dwelling houses in respect of which demolition orders were made	No. dwelling houses demolished in pursuance of demolition orders	No. separate tenements or underground rooms in respect of which closing orders were made						
URBAN DISTRICTS																		
Ashby-de-la-Zouch...	161	—	4	48	39	—	—	12	10	—	—	—	10	14	56	2	12	75
Ashby Woulds ...	28	—	—	32	32	5	5	—	—	—	—	—	†	†	†	†	†	†
Coalville ...	317	189	23	149	223	33	33	17	4	4	—	—	29	43	256	7	6	50
Hinckley ...	317	6	6	311	261	4	3	20	11	—	3	—	20	33	160	15	8	63
Loughborough M.B.	1,030	5	2	49	42	1	—	52	52	2	2	—	†	†	†	†	†	†
Market Harborough	145	—	—	53	46	—	—	—	—	—	—	—	28	37	218	31	16	120
Melton Mowbray ...	114	—	3	111	90	—	—	—	—	—	—	—	†	†	†	†	†	†
Oadby ...	206	—	—	20	8	—	—	98	98	—	—	—	12	20	62	10	7	34
Shepshed ...	153	6	26	18	18	—	—	32	19	1	—	—	†	†	†	†	†	†
Wigston ...	225	—	—	43	40	7	7	18	18	—	—	—	†	†	†	6	3	36
RURAL DISTRICTS																		
Ashby-de-la-Zouch...	1,378	109	7	109	111	—	—	334	35	5	—	—	†	†	†	†	44	154
Barrow-upon-Soar ...	936	204	35	269	229	8	2	62	83	9	3	—	36	38	210	2	2	8
Billesdon ...	125	1	1	73	58	—	—	—	—	—	—	—	†	†	†	†	†	†
Blaby ...	428	328	20	108	67	—	—	14	13	—	—	—	19	25	157	11	14	95
Castle Donington ...	434	—	12	607	544	—	—	41	7	12	—	—	†	†	†	42	42	105
Lutterworth ...	190	—	5	—	—	—	—	69	—	—	—	—	†	†	†	†	†	†
Market Bosworth ...	289	—	11	218	156	—	—	5	3	11	—	—	†	†	†	†	40	196
Market Harborough	614	—	—	614	31	—	—	2	2	—	—	—	†	†	†	†	†	†
Melton & Belvoir ...	757	704	2	43	25	12	12	1	1	2	—	—	151	187	645	63	88	366
TOTALS ...	7,847	1,552	157	2,875	2,020	70	62	777	356	46	8	—	305	397	1,764	189	328	1,479

★ NOTE—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.

† NOTE—New survey required, as existing records are out of date.

The following table summarises the activities of the District Councils in connection with the provision of new houses.

District	Total no. of applicants for council houses at end of year	Houses completed during year 1949		Houses in course of erection at end of year				
		Local authority		Private enterprise	Local authority		Private enterprise	
		Temp.	Perm.		Temp.	Perm.		
URBAN DISTRICTS								
Ashby-de-la-Zouch	235	—	22	6	—	48	8	
Ashby Woulds ...	250	—	14	1	—	38	—	
Coalville	685	—	72	33	—	60	21	
Hinckley	1,039	—	84	90	—	166	13	
Loughborough M.B.	1,295	—	153	11	—	177	39	
Market Harborough	500	—	27	17	—	34	7	
Melton Mowbray ...	562	—	42	8	—	52	14	
Oadby	174	—	16	16	—	22	8	
Shepshed	227	—	63	3	—	64	4	
Wigston	950	—	53	13	—	127	10	
RURAL DISTRICTS								
Ashby-de-la-Zouch	721	—	48	11	—	68	10	
Barrow-upon-Soar	1,705	—	193	28	—	184	30	
Billesdon	165	—	20	23	—	20	12	
Blaby	681	—	134	48	—	178	25	
Castle Donington...	398	—	86	8	—	62	6	
Lutterworth ...	428	—	24	12	—	64	9	
Market Bosworth ...	920	—	78	38	—	82	29	
Market Harborough	345	—	34	5	—	29	4	
Melton & Belvoir ...	475	—	65	11	—	25	8	
Totals ...	11,755	—	1,228	382	—	1,500	257	

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLIES.

MILK (SPECIAL DESIGNATIONS) ORDERS AND REGULATIONS.

The transfer of licensing duties from the County Council to the Ministry of Agriculture and Fisheries took place on October 1st, 1949, and the following is a short review of the period when this department was actively engaged in the work of supervising designated milk production.

In the early days Clean Milk Competitions were held amongst the farmers, and the County Laboratory co-operated in this effort to improve the standard of milk production. The incentive motive in the form of a bonus for a better quality milk was not available unless the milk was sold as Grade "A," and consequently only the keen and progressive producers were actively interested.

May 1st, 1935, saw the start of a big increase in the number of designated milk producers, as on that date the Milk Marketing Board instituted the establishment of a Roll of Accredited Producers with the payment of a bonus for milk produced by Accredited licencees. The scheme had three principal objects in view, namely:—

- (a) To reduce the amount of disease in dairy herds.
- (b) To obtain a pure milk supply.
- (c) To obtain, by increasing the public confidence, a greater consumption of liquid milk.

There was marked increase in the work necessary for the licensing and supervision of designated producers and a County Sanitary Officer was appointed to deal with it in May, 1935. The Laboratory also undertook the examination of 1,221 prospective and designated milk samples during the year as opposed to 369 in 1934.

The following table shows the progress made from 1934 until the transfer of duties:—

Date.	Licences issued (New and Renewals)		
	"Tuberculin Tested"	"Accredited"	Total
Dec., 1934 ...	3	25	28
Dec., 1935 ...	5	258	263
Dec., 1936 ...	15	388	403
Dec., 1939 ...	22	572	594
Dec., 1945 ...	85	549	634
Dec., 1946 ...	108	542	650
Dec., 1947 ...	147	535	682
Dec., 1948 ...	203	525	728
Sept. 30th, 1949 ...	297	485	782

It will be noted that 547 "Accredited" licences were issued in the period 1935-1939, but in the same period only 19 "Tuberculin Tested" licences were issued.

During the war years progress was naturally slow, and the total number of "Accredited" licences in operation dropped slightly, whereas the "Tuberculin Tested" licences increased by 63. It was anticipated that as producers became interested in building up "Tuberculin Tested" herds, more "Tuberculin Tested" licences for milk production would be issued and "Accredited" licences would gradually fall off. This actually happened and from December, 1945, to September, 1949, 212 "Tuberculin Tested" licences were issued and the number of "Accredited" licences dropped by 65.

In May, 1942, the Government issued a White Paper on Milk Policy which intimated the setting up of a scheme for the testing of milk supplies on a national scale, coupled with the necessary farm advisory service. The scheme was to be administered by the Ministry of Agriculture and Fisheries and was to apply to all milk sold by producers but was not to replace the existing standards for "Tuberculin Tested" and "Accredited" milk.

In Leicestershire the County War Agricultural Executive Committee appointed a Milk Sub-Committee in July, 1942, for the purpose of administering the scheme. The County Sanitary Officer was a member of this Sub-Committee.

The aim of the scheme was to test all supplies, including designated milk, twice monthly, with an additional platform rejection test at the dairy on milk of doubtful quality immediately upon arrival at the dairy or depot. The results, as far as designated milk was concerned, were not used in connection with the Milk (Special Designations) Regulations, for which the producer's record of sampling by this Department was the criterion. Adverse test results of designated milk were immediately notified to the County Sanitary Officer and any necessary action was taken by the County staff.

Producers whose milk samples, in spite of repeated advisory visits, showed no signs of improvement, were asked to appear before an interviewing Panel of the Milk Sub-Committee and if no improvement followed, the Milk Marketing Board were asked to threaten termination of contract. No designated producers were dealt with in this manner but the County Sanitary Officer was a member of the interviewing Panel.

There was an excellent spirit of co-operation between the authorities responsible for the administration of the National Milk Testing and

Advisory Scheme and those responsible for other Milk and Dairies legislation in the County and the result was a smoothly functioning arrangement.

It is interesting to note that as soon as October 1st, 1949, was stated in Parliament to be the target date for the transfer of duties from the County Council to the Ministry of Agriculture and Fisheries, enquiries regarding the requirements for "Tuberculin Tested" licences increased tremendously. The result was that 94 "Tuberculin Tested" licences were issued during the first nine months of 1949, of which 41 were issued in September. The figure for the month of September is higher than any year's total before 1949.

Since the inception of the scheme 1,946 enquiries were received for particulars in respect of designated milk production and standards for buildings. All applicants' farms were visited and in cases where they decided to proceed with the requirements, further inspections were made and the licences issued in due course.

Throughout the period when the County Council were responsible for licensing under the Milk (Special Designations) Regulations, cordial relationships were maintained with the farmers of the county, and the opinion was expressed on many occasions that all cases received fair and sympathetic consideration. The object has always been to insist on the highest possible standards, but at the same time by encouragement and practical advice to help farmers to reach those standards. It is hoped that the spade work done in the past will not be jeopardised by the transfer of duties and that the standard of milk production, as far as designated milk is concerned, will continue to make rapid progress.

The following table gives the numbers of milk samples collected from farms during 1949 (September 30th) and for the four previous years. These figures do not include samples collected by the district sanitary inspectors.

	1949	1948	1947	1946	1945
"Accredited" producers	1,156	1,431	1,320	1,766	1,027
"Tuberculin Tested" producers ...	489	632	384	339	165
Miscellaneous (mainly farm investigations) ...	27	87	119	86	88
	1,672	2,150	1,823	2,191	1,280

The following table shows the position regarding licences at the 30th September, 1949.

District	LICENCES ISSUED BY DISTRICT COUNCILS :—									
	LICENCES ISSUED BY COUNTY COUNCIL					"PASTEURISED"				
	Tuberculin Tested		Accredited		Production & Bottling	"Tuberculin Tested"			"Accredited"	
	Licences & Bottling	Total Licences	Licences & Bottling	Total Licences		Bottling	Dealers	Distribution	Dealers	Supplementary
URBAN DISTRICTS										
Ashby-de-la-Zouch	1	6	—	10	—	1	—	—	—	1
Ashby Wolds	—	—	1	2	—	—	—	—	—	—
Coalville	1	4	1	9	8	1	1	—	1	—
Hinckley	2	8	3	33	—	1	4	—	2	1
Loughborough M.B.	2	7	2	8	2	—	—	—	1	2
Market Harborough	—	—	1	3	—	1	2	—	—	1
Melton Mowbray	—	—	1	4	1	—	—	—	1	1
Oadby	1	1	—	3	—	—	—	—	—	—
Shepshed	1	5	—	1	1	—	—	—	—	—
Wigston	—	1	—	6	1	—	1	—	2	2
RURAL DISTRICTS										
Ashby-de-la-Zouch	3	21	—	54	1	—	—	—	—	1
Barrow-upon-Soar	1	24	3	45	3	—	—	—	3	4
Billesdon	4	35	2	21	—	—	—	—	—	—
Blaby	2	18	5	44	4	—	—	—	2	8
Castle Donington	2	23	2	36	—	—	—	—	—	—
Lutterworth	2	40	—	27	1	4	—	—	1	1
Market Bosworth	6	71	3	98	—	—	—	—	—	—
Market Harborough	3	8	2	28	—	—	—	—	—	—
Melton & Belvoir...	3	25	—	53	—	1	—	—	—	2
TOTALS	34	297	26	485	11	19	13	—	1	25

Clinical Examinations and Tuberculin Testing of Cattle.

The following is a summary of reports of the divisional inspector of the Ministry of Agriculture and Fisheries:—

		No. of herd inspections	No. of cattle examined.
(a) Clinical examination of dairy cattle:			
“Tuberculin Tested” herds	...	350	17,539
“Accredited” herds	... ..	1,195	39,584
Non-designated herds	... ..	1,414	20,798
(b) Tuberculin testing of “Tuberculin Tested” herds:			
Number of cattle tested	... ..		25,589
Number of reactors found	...		134 (0.52%)

BIOLOGICAL MILK SAMPLING.

During the year 362 samples of milk were taken for biological purposes, 7 of which showed evidence of living tubercle bacillus. These cases and others reported by outside Authorities were referred to the divisional veterinary inspector of the Minister of Agriculture and Fisheries. In one case the raw milk supply was diverted for pasteurisation until the matter was cleared up, and in all other cases suspect animals were sent for slaughter and further samples proved the herds to be free from infection.

The excellent co-operation and help received from the divisional veterinary inspector and his staff is much appreciated.

As a matter of interest, at the end of the year there were 207 Attested and 9 Supervised Herds in the County.

Pasteurised and Sterilized Milk Plants.

The following is a summary of the plants existing in the county. Several new plants are in course of preparation and the dairymen as a whole have taken considerable interest in the prospect of “Specified Areas” being set up.

Type of Plant.	Capacity in gallons per hour.	Approximate maximum gallons per day.	Efficiency.
H.T.S.T. ...	500-1,000 (can be expanded)	16,000	Excellent
H.T.S.T. ...	300	2,400	Excellent
H.T.S.T. ...	100	800	Excellent
H.T.S.T. ...	400	3,200	Excellent
H.T.S.T. ...	400	3,200	Excellent
Holder ...	400	3,200	Good
Holder ...	150-200	1,600	Good
Holder ...	100	800	Fair (New dairy with H.T.S.T. Plant in course of con- struction)
Holder ..	100	800	Good
Holder ...	50	400	Good
Sterilization (in bottles)	150	900	Good

MILK SUPPLIES TO SCHOOLS, ETC.

During the year there were 308 establishments in the county where the milk supplies were subject to the supervision of the county sanitary staff—299 schools and 9 county homes and children's homes.

1,346 samples of milk supplied to these establishments were collected for examination in the County Laboratory of which 1,305 were of milk supplied to schools and 41 were of milk supplied to county and children's homes.

The following table shows the various classes of milk being supplied to the schools at 31st December, 1949:—

School Supplies at 31st December, 1949.

SCHOOLS —	"Tuberculin Tested"	"Pasteurised"	"Heat-treated"	"Accredited"	Non-designated raw milk	Dried Milk	TOTALS
Secondary Grammar ...	1	12	—	—	—	—	13
Secondary Technical ...	—	1	—	—	—	—	1
Secondary Modern ...	—	20	—	3	—	—	23
Primary ...	22	180	—	25	30	1	258
Nursery ...	—	4	—	—	—	—	4
TOTALS ...	23	217	—	28	30	1	299

COMPARABLE FIGURES AT 31-12-48 ...	22	215	3	31	28	1	300
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MILK AND DAIRIES ORDER, 1926.

The following table summarises the inspections made and samples collected by the district councils up to September 30th, 1949.

District	Regis- tered cow- keepers	Inspec- tions	Regis- tered dairy- men	Inspec- tions	Milk samples collected		
					Satis.	Unsatis.	Total
URBAN DISTRICTS							
Ashby-de-la-Zouch	38	40	12	16	7	2	9
Ashby Woulds ...	8	16	...	...	...	...	...
Coalville ...	48	68	47	54	97	12	109
Hinckley ...	79	225	66	53	43	6	49
Loughborough M.B.	38	47	29	177	77	25	102
Market Harborough	8	24	3	65	33	8	41
Melton Mowbray ...	23	19	6	15	48	8	56
Oadby ...	8	24	17	10	...	...	...
Shepshed ...	27	130	5	24	42	6	48
Wigston ...	16	64	62	40	98	2	100
RURAL DISTRICTS							
Ashby-de-la-Zouch	202	102	11	31	46	9	55
Barrow-upon-Soar	369	412	81	102	94	16	110
Billesdon ...	192	63	...	...	...	...	...
Blaby ...	186	75	29	27	79	12	91
Castle Donington...	116	18	7	22	5	...	5
Lutterworth ...	259	132	21	21	...	...	...
Market Bosworth ...	393	237	149	43	17	3	20
Market Harborough	154	308	2	7	79	5	84
Melton & Belvoir ...	832	297	220	92	85	20	105
Totals ...	2,996	2,301	767	799	850	134	984

ICE-CREAM.

The following table gives details of the premises registered under the Food and Drugs Act, 1938, for the manufacture, etc., of ice-cream, together with details of the samples collected during the year by the district sanitary inspectors.

DISTRICT	No. of premises registered			No. of samples collected				
	Manufacture and Retail	Manufacture only	Retail only	Grade 1	Grade 2	Grade 3	Grade 4	TOTAL
URBAN DISTRICTS								
Ashby-de-la-Zouch...	—	—	5	3	2	—	—	5
Ashby Wolds ...	—	—	—	—	—	—	—	—
Coalville ...	1	—	37	35	18	1	1	55
Hinckley ...	11	—	12	18	18	3	4	43
Loughborough M B.	7	—	66	22	4	6	9	41
Market Harborough	2	1	13	10	5	2	—	17
Melton Mowbray ..	3	1	27	13	4	1	1	19
Oadby ...	8	—	5	—	—	—	—	—
Shepshed ...	—	—	6	3	3	2	—	8
Wigston ...	4	—	20	14	2	1	—	17
RURAL DISTRICTS								
Ashby-de-la-Zouch...	2	—	9	2	2	—	—	4
Barrow-upon-Soar ...	7	—	55	53	5	24	11	93
Billesdon ...	—	—	6	—	—	—	—	—
Blaby ...	9	—	25	48	15	10	6	79
Castle Donington ...	2	—	8	2	—	—	—	2
Lutterworth...	—	—	6	2	1	—	—	3
Market Bosworth ...	2	—	20	—	—	—	—	—
Market Harborough	3	—	6	1	—	—	—	—
Melton & Belvoir ...	2	—	11	4	—	—	—	—
TOTALS ...	63	2	337	230	79	50	32	391

The improvement in the standard of purity of ice-cream continues to be marked and the local authorities are to be congratulated on their efforts to safeguard the public, especially as ice-cream seems to be increasingly popular, both during the colder weather as well as in the summer months.

The following figures show this improvement:—

	Year ended 31.12.49	Year ended 31.12.48
% of total samples falling within		
Grade 1 	58%	33%
% of total samples falling within		
Grades 1 and 2 	79%	60%

MEAT INSPECTION.

Slaughter Houses.

The following table shows the situation of the slaughter-houses, inspections made, etc., together with details of slaughtering in other districts of the county.

District	No. of regional slaughter houses	No. of inspections at time of slaughter	Total No. of animals slaughtered	Total No. of animals examined	No. of knackers' yards	No. of inspections
URBAN DISTRICTS						
Ashby-de-la-Zouch	...	...	...	...	...	...
Ashby Woulds ...	...	...	...	...	...	...
Coalville ...	1	1,030	14,218	14,218	...	...
Hinckley ...	1	719	8,282	8,282	1	9
Loughborough M.B.	...	536	536	536	1	14
Market Harborough	1	359	6,902	6,902	...	...
Melton Mowbray ...	1	471	9,054	9,054	1	6
Oadby ...	...	168	168	168	...	...
Shepshed ...	...	104	245	204	...	...
Wigston ...	...	196	213	196	1	18
RURAL DISTRICTS						
Ashby-de-la-Zouch	...	...	...	...	2	5
Barrow-upon-Soar	...	104	1,819	168	2	30
Billesdon ...	...	...	...	...	...	...
Blaby ...	...	449	1,112	970	...	...
Castle Donington...	...	...	...	...	1	12
Lutterworth ...	...	170	170	...	2	10
Market Bosworth ...	...	157	2,929	223	...	...
Market Harborough	...	...	...	...	...	...
Melton & Belvoir ...	...	...	...	...	1	5
Totals ...	4	4,463	45,648	40,921	12	109

FOOD AND DRUGS.

Food Premises.

Continued progress has been made during the year by the districts in improving food preparing premises. It is felt that the "Standard Code of Practice for Food Preparing Premises," detailed in last year's report, is serving a useful purpose.

Model Byelaws, Series 1, for the Handling, Wrapping and Delivery of Food, and Sale of Food in the open air, will no doubt be adopted by the authorities concerned in the county in due course.

It is hoped that the Model will be reviewed at an early date to include desirable provisions which have been omitted on account of the present shortage of materials and equipment. The excuse of shortage of materials will be made by some traders long after the shortage has been overcome, unless they are pressed.

Food and Drugs Act, 1938.

The provision of the Food and Drugs Act, 1938, dealing with the composition and adulteration of food and drugs, are administered by the county police. The following is a summary of the County Analyst's reports on samples taken in the county, and examined by him during the year.

				NUMBER ANALYSED	NUMBER UNSATISFACTORY	REMARKS
Milk	...	...	...	212	32	Added water—13. Deficient in fat— 16. Both added water and deficient in fat—2. Low in milk solids other than milk fat—1.
Arrowroot, Ground	...	...	...	1	—	
Baking Powder	...	...	...	4	—	
Beans in Tomato Sauce	...	...	...	1	—	
Blackcurrant Syrup	...	...	...	1	—	
Black Pudding	...	...	...	2	—	
Butter	...	...	...	12	—	
Cake Flour, etc	...	...	...	2	—	
Coffee	...	...	...	1	—	
Cooking Oil	...	...	...	2	—	
Cooking Fat, Sweetened	...	...	...	1	—	
Culinary Oil	...	...	...	2	—	
Curd Spread	...	...	...	1	—	
Curry Powder	...	...	...	1	—	
Custard Powder	...	...	...	5	—	
Doughnuts	...	...	...	4	—	
Dripping	...	...	...	1	—	
Flour	...	...	...	3	—	
Fruit Cream	...	...	...	1	1	Misdescribed
Gelatine	...	...	...	2	—	
Ginger, ground	...	...	...	1	—	
Gravy Salt	...	...	...	1	—	
Horseradish	...	...	...	1	—	
Horseradish Sauce	...	...	...	1	—	
Jam	...	...	...	3	—	
Jam Tarts	...	...	...	9	—	
Jelly	...	...	...	4	—	
Jelly Crystals	...	...	...	3	—	
Lard	...	...	...	1	—	

Lemonade Crystals	...	...	1	—	
Margarine	...	...	11	—	
Meat Pies	...	...	13	—	
Milk Pudding	...	...	1	—	
Mincemeat	...	...	1	—	
Mint	...	...	1	—	
Mushroom Ketchup	...	...	1	—	
Nutmeg, ground	...	...	1	—	
Orange Juice	...	...	1	—	
Orange Peel	...	...	1	—	
Pastry Mix	...	...	1	—	
Parsley, Thyme and Lemon					
Forcemeat	...	...	2	—	
Peas, tinned	...	...	4	—	
Pepper	...	...	1	—	
Peppermint Cordial	...	...	1	—	
Pork Brawn	...	...	1	—	
Pudding Mixture, Sweetened	...	...	2	—	
Sage and Onion Stuffing, etc.	...	...	3	—	
Salad Cream	...	...	5	2	Deficient in oil.
Salad and Frying Oil	...	...	1	—	
Sandwich Spread	...	...	1	—	
Sausages and Sausage Meat	...	...	31	1	Deficient in meat content.
Sausage Rolls	...	...	3	—	
Soup	...	...	1	—	
Soup Powder	...	...	2	—	
Soya Cream, Malted	...	...	1	—	
Sponge Mixture	...	...	1	—	
Sugar	...	...	11	—	
Table Cream	...	...	1	—	
Tea	...	...	11	—	
Thyme	...	...	1	—	
Thyme and Parsley Forcing	...	...	1	—	
Tomato Ketchup	...	...	3	—	
Alcoholic Cordial	...	...	2	—	
Brandy	...	...	3	—	
Cocktails	...	...	9	—	
Gin	...	...	16	—	
Rum	...	...	6	1	Added water
Whisky	...	...	18	—	
Aspirin Tablets	...	...	1	—	
Bicarbonate of Soda	...	...	1	—	
Blood Mixture	...	...	1	—	
Bronchial Mixture and Syrup	...	...	3	—	

Children's Tonic	2	—	
Compound Syrup of Phosphates	1	—	
Compound Syrup of Figs ...	1	—	
Cough Mixture	2	—	
Feverish Cold Mixture	1	—	
Friars Balsam	1	—	
Gripe Mixture	2	—	
Glycerine	4	—	
Health Salt	1	—	
Health and Liver Salts	2	—	
Kruschen Salts	1	—	
Liquid Paraffin	2	—	
Parrish's Chemical Food ...	1	—	
Pectoral Balsam	1	—	
Stomach Powder	1	—	
Tartaric Acid	1	—	
Vitamin Tonic	1	—	
"Appeal to Cow" Milk Samples	29	1	Added water.
	<hr/>	<hr/>	
Totals	518	38	
	<hr/>	<hr/>	
1948	470	44	
	<hr/>	<hr/>	
1947	489	34	
	<hr/>	<hr/>	
1946	524	32	
	<hr/>	<hr/>	

Proceedings were successfully instituted, with convictions and fines, in five cases where milk samples showed added water. The charges were dismissed on payment of costs in connection with a further two samples showing added water. Two vendors were cautioned in respect of cases of milk with added water or deficiency of fat.

Several unsatisfactory milk samples deficient in milk fat were due to failing to plunge the milk properly before commencing to retail and the matter was taken up with the producers concerned.

Proceedings are pending regarding two unsatisfactory samples of salad cream.

The vendor of rum with added water was fined £5, plus £1/1/- Analyst's fee.

The manufacturers of the unsatisfactory sample of beef sausage were warned regarding the 6 per cent. deficiency in meat content.

The proceedings which were pending at 31.12.48, in respect of an unsatisfactory sample of liqueur whisky, resulted in the vendor being convicted and fined £3, with £5/5/- costs.

T.B.1.—Return showing the work of the Chest Clinics during the year 1949.

	RESPIRATORY			NON-RESPIRATORY			TOTAL			GRAND TOTALS
	M	F	Ch	M	F	Ch	M	F	Ch	
A. (1) Number of notified cases of T.B. on Clinic registers on 1st JANUARY, 1949	598	466	122	60	80	215	658	546	337	1,541
(2) Transfers from Clinics under other H.M.C.'s or B.G.'s during the year	57	19	4	22	23	7	79	42	11	132
(3) Cases lost sight of which returned to Clinic during the year	1	3	...	...	...	...	1	3	...	4
B. Number of NEW CASES diagnosed as tuberculous during the year:—										
T.B. MINUS	42	58	9	8	13	15	50	71	24	145
T.B. PLUS	72	52	1	1	1	...	73	53	1	127
C. Number of cases (1) Recovered	16	20	4	...	3	15	16	23	19	58
in A and B written (2) Died (all causes)	67	50	1	2	1	2	69	51	3	123
off Clinic registers (3) Removed to other H.M.C. during the year: or B.G. Clinics	22	20	3	1	3	3	23	23	6	52
(4) Other reasons	5	2	56	...	1	44	5	3	100	108
D. (1) Number of notified cases of T.B. on Clinic registers on 31st DECEMBER, 1949	671	521	46	117	135	118	788	656	164	1,608
(2) Number of above known to have had positive sputum within preceding six months	124	82	...	...	...	...	124	82	...	206
E. Number of Con- (1) Diagnosed as Tuberculous	2	10	2	1	...	...	3	10	2	15
tacts first exam- (2) Not Tuberculous	161	264	292	...	...	...	161	264	292	717
ined during the (3) Not determined (as at										
year: 31/12/49) ... ..	...	3	...	...	...	...	...	3	...	3
F. Number of patients on Clinic registers awaiting admission to T.B. Institution	18	19	1	...	1	...	18	20	1	39

NOTES.—(1) "Children" means persons under the age of 15. When a case, first diagnosed and placed on the register as a child, reaches 15 it is transferred to the adult register, but is *not* counted as a new case.

(2) As a few cases attend from the County of Rutland, the table does not show the exact position relating to Leicestershire.

T.B.2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.
Year 1949.

Name and situation of Institution.	Class of case.	Number of Leices- tershire patients who were under treatment on 31st December, 1948.	Number of Leices- tershire patients admitted during the year ended 31st Dec., 1949.	Number of Leices- tershire patients who were discharged or died in the Institution during the year ended 31st Dec., 1949.	Total number of days during which patients referred to in Col. 5 were resident in the Institution.	Average number of days which patients referred to in Col. 5 were resident in the Institution.	Number of Leices- tershire patients who were under treatment on 31st December, 1949.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
The Sanatorium, Markfield.	Male adults R	70	109	111	26,579	239	68
	Female adults R	35	76	56	13,693	245	55
	Children R	3	2	1	315	315	4
	Male adults NR	2	2	3	599	200	1
	Female adults NR	2	2	2	470	235	2
	Children NR	1	—	1	248	248	—
General Hospital, Leicester.	Male adults R	—	1	1	45	45	—
	Female adults R	—	3	2	21	10	1
	Male adults NR	2	7	5	274	55	4
	Female adults NR	1	6	6	357	59	1
	Children NR	3	4	5	981	196	2
Isolation Hospital and Chest Unit, Leicester.	Male adults R	—	8	5	453	91	3
	Female adults R	2	5	5	281	56	2
Harlow Wood Orthopædic Hospital, Mansfield.	Male adults NR	2	—	1	636	636	1
	Children NR	3	2	4	1,255	314	1
Warwickshire Orthopædic Hospital, Coleshill.	Male adults NR	1	1	2	278	139	—
	Female adults NR	—	1	—	—	—	1
	Children NR	10	5	9	8,332	926	6
Children's Hospital, Gringley-on-the-Hill.	Children NR	3	1	2	781	390	2
Atkinson Morley Emergency Hospital, Wimbledon.	Female adults R	1	—	1	485	485	—
Royal National Sanatorium, Bournemouth.	Female adults R	—	1	—	—	—	1
Mundesley Sanatorium, Norfolk.	Male adults R	—	1	—	—	—	1
Mosley Hall Hospital for Children, Birmingham.	Children NR	—	1	—	—	—	1
TOTALS		141	238	222	56,083	253	157

R—Respiratory Tuberculosis.

NR—Non-respiratory Tuberculosis.

T.B.3.—Return showing the immediate results of treatment of patients discharged from Residential Institutions during the year 1949.

(a) Respiratory Tuberculosis

Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL
		Under 3 months but ex- ceeding 28 days			3—6 months			6—12 months			More than 12 months			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
R.A.1	Quiescent	—	—	—	2	—	—	1	1	1	—	—	—	5
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
R.A.2	Quiescent	—	—	—	3	1	—	4	6	—	1	2	—	17
	Not quiescent	1	—	—	—	1	—	—	1	—	—	—	—	3
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
R.A.3	Quiescent	—	—	—	—	—	—	1	—	—	1	—	—	2
	Not quiescent	—	—	—	—	1	—	—	—	—	—	—	—	1
	Died in Institution ...	—	—	—	—	—	—	—	1	—	—	—	—	1
R.B.1	Quiescent	—	—	—	—	—	—	—	1	—	—	—	—	1
	Not quiescent	1	—	—	—	—	—	—	—	—	—	—	—	1
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
R.B.2	Quiescent	1	—	—	5	3	—	5	3	—	5	2	—	24
	Not quiescent	1	3	—	9	4	—	14	3	—	14	3	—	51
	Died in Institution ...	1	—	—	—	—	—	—	—	—	—	—	—	1
R.B.3	Quiescent	—	1	—	1	1	—	—	—	—	—	—	—	3
	Not quiescent	1	2	—	3	1	—	4	1	—	6	6	—	24
	Died in Institution ...	6	2	—	2	3	—	6	3	—	2	—	—	24

Cases discharged under 28 days 10

Cases died under 28 days 8

Observation cases discharged non-tuberculous 6

Total ... 182

(b) Non-respiratory Tuberculosis.

Bones and joints:—		Quiescent	20
		Not quiescent	11
		Died	2
Abdominal:—		Quiescent	2
		Not quiescent	—
		Died	1
Other organs:—		Quiescent	3
		Not quiescent	—
		Died	—
Peripheral glands:—		Quiescent	—
		Not quiescent	—
		Died	—
Observation cases discharged non-tuberculous		...	1

Total ... 40

T.B.4. TUBERCULOSIS (Respiratory and Other). Notifications, Deaths, and Death Rates.

Year	Local- isation	Number of Notifications.			Number of Deaths.			Death Rates.		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1939	Resp. Other	89 36	87 36	176 72	59 14	53 15	112 29	0.41 0.10	0.32 0.09	0.36 0.09
1940	Resp. Other	113 51	91 48	204 99	88 25	74 14	162 39	0.59 0.17	0.45 0.09	0.52 0.13
1941	Resp. Other	102 59	114 31	216 90	79 19	90 11	169 30	0.51 0.13	0.52 0.06	0.51 0.09
1942	Resp. Other	100 69	133 53	233 122	61 23	64 17	125 40	0.41 0.15	0.38 0.10	0.39 0.13
1943	Resp. Other	91 59	91 59	182 118	75 11	79 18	154 29	0.51 0.07	0.48 0.11	0.49 0.09
1944	Resp. Other	99 42	74 33	173 75	52 24	61 13	113 37	0.36 0.16	0.37 0.08	0.36 0.12
1945	Resp. Other	109 28	108 39	217 67	59 16	52 16	111 32	0.41 0.11	0.32 0.10	0.36 0.10
1946	Resp. Other	94 35	91 51	185 86	48 19	52 12	100 31	0.32 0.13	0.31 0.07	0.31 0.10
1947	Resp. Other	130 40	100 35	230 75	72 16	52 10	124 26	0.47 0.10	0.30 0.06	0.38 0.08
1948	Resp. Other	87 34	99 44	186 78	69 9	50 14	119 23	0.43 0.06	0.28 0.08	0.35 0.07
Average for above ten years.	Resp. Other	101 45	99 43	200 88	66 18	63 14	129 32	0.44 0.12	0.37 0.08	0.40 0.10
1949	Resp. Other	131 21	108 34	239 55	58 9	61 6	119 15	0.36 0.06	0.34 0.03	0.35 0.04

T.B.5. TUBERCULOSIS:—Notifications and Deaths.

Showing Age Periods—Year 1949.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0-	— 1	— 1	—	—	1	1	—	—
1-	2	2 1	5 4	3 1	—	1	4	2
5-	4	5 3	11 1	9 3	—	—	1	—
15-	79 26	91 27	11 4	13 4	29	36	1	1
45-	33 13	16 2	1	1	31	10	1	3
65-	7 4	— 4	1	— 1	6	4	—	2
Total	125 44	114 38	29 9	26 9	67	52	7	8

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

T.B. 6.—TUBERCULOSIS NOTIFICATIONS AND DEATHS, URBAN AND RURAL DISTRICTS, YEAR 1949.

District.	Estimated population mid-year	NOTIFICATIONS OF TUBERCULOSIS				DEATHS FROM TUBERCULOSIS			
		Respiratory	Attack Rate.	Non-Respiratory	Attack Rate.	Respiratory	Death Rate.	Non-Respiratory	Death Rate.
Ashby-de-la-Zouch .	6,382	4	0.63	1	0.16	1	0.16	—	—
Ashby Woulds ...	3,288	1	0.30	—	—	1	0.30	—	—
Coalville ...	25,570	19	0.74	6	0.23	13	0.51	1	0.04
Hinckley ...	38,750	40	1.03	10	0.26	17	0.44	2	0.05
Loughborough ...	35,570	27	0.76	2	0.06	12	0.34	1	0.03
Market Harborough	10,500	9	0.86	—	—	5	0.48	1	0.10
Melton Mowbray ...	13,350	13	0.97	1	0.07	7	0.52	1	0.07
Oadby ...	6,070	2	0.33	—	—	—	—	—	—
Shepshed ...	6,130	2	0.33	1	0.16	—	—	—	—
Wigston ...	14,880	14	0.94	—	—	2	0.13	3	0.20
TOTALS ...	160,490	131	0.82	21	0.13	58	0.36	9	0.06
Ashby-de-la-Zouch .	13,660	5	0.37	6	0.44	5	0.37	—	—
Barrow-upon-Soar .	46,520	39	0.84	4	0.09	27	0.58	1	0.02
Billesdon ...	7,798	7	0.90	4	0.51	—	—	1	0.13
Blaby ...	38,360	25	0.65	4	0.10	10	0.26	1	0.03
Castle Donington ...	9,422	3	0.32	3	0.32	2	0.21	—	—
Lutterworth ...	11,640	7	0.60	3	0.26	3	0.26	—	—
Market Bosworth ...	25,760	13	0.50	4	0.16	11	0.43	1	0.04
Market Harborough	9,900	—	—	2	0.20	1	0.10	1	0.10
Melton and Belvoir	18,650	9	0.48	4	0.21	2	0.11	1	0.05
TOTALS ...	181,710	108	0.59	34	0.19	61	0.34	6	0.03

URBAN

RURAL

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1949						ENGLAND AND WALES		
	Urban		Rural		Whole County				
Population Est. mid-year, 1949)									
Civilian	160,490		181,710		342,200				
Total	161,100		183,700		344,800				
	No.	Rates	No.	Rates	No.	Rates	Rates		
live births	2,867	17.87	3,069	16.89	5,936	17.35	16.7		
Deaths (all causes and all ages)	1,731	10.79	1,923	10.58	3,654	10.68	11.7		
„ (under one year)	81	*28.3	80	26.1	161	*27.1	*32		
Deaths from:									
Measles	1	0.006	2	0.01	3	0.01	—		
Whooping cough	2	0.01	5	0.03	7	0.02	0.01		
Diphtheria	1	0.006	0	—	1	0.003	0.00		
Scarlet fever	0	—	0	—	0	—	—		
*Diarrhoea and enteritis (under 2 years)	0	*—	5	*1.62	5	*0.84	*3.0		
							Percentages of total deaths.		
The seven chief causes of death were:—							Urban	Rural	Wh'le C'nty
Heart disease	477	2.97	582	3.20	1,059	3.09	27.6	30.3	29.0
Cancer	264	1.64	315	1.73	579	1.69	15.3	16.4	15.8
Intra-cranial vascular lesions	241	1.50	219	1.21	460	1.34	13.9	11.4	12.6
Bronchitis	86	0.54	94	0.52	180	0.53	5.0	4.9	4.9
Pneumonia	65	0.40	55	0.30	120	0.35	3.8	2.9	3.3
Tuberculosis of respira- tory system	58	0.36	61	0.34	119	0.35	3.4	3.2	3.3
Nephritis	39	0.24	53	0.29	92	0.27	2.3	2.8	2.5

NOTE.—The rates are calculated per thousand of the population, except where marked (*) which are per thousand registered births.

TABLE 2.—BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1949.
PROVISIONAL FIGURES BASED ON QUARTERLY RETURNS.

	England and Wales	126 C.B.'s and Great Towns (including London)	148 Smaller Towns (Resident Population 25,000-50,000 at 1931 census)	London Admin. County	Leicestershire Administrative County
Rates per 1,000 Civilian Population.					
Births.					
Live births	16.7(a)	18.7	18.0	18.5	17.4
Still births	0.39(a)	0.47	0.40	0.37	0.41
Deaths.					
All causes	11.7(a)	12.5	11.6	12.2	10.7
Typhoid and paratyphoid fevers ...	0.00	0.00	0.00	0.00	0.00
Whooping cough ...	0.01	0.02	0.01	0.01	0.02
Diphtheria	0.00	0.00	0.00	0.00	0.003
Tuberculosis	0.45	0.52	0.42	0.52	0.39
Influenza	0.15	0.15	0.14	0.11	0.09
Smallpox	0.00	0.00	—	—	—
Acute poliomyelitis and polioencephalitis	0.01	0.02	0.02	0.01	0.03
Pneumonia	0.51	0.56	0.49	0.59	0.35
Notifications (corrected).					
Typhoid fever ...	0.01	0.01	0.01	0.01	0.006
Para-typhoid fever ...	0.01	0.02	0.01	0.01	0.006
Cerebro-spinal fever	0.02	0.03	0.02	0.02	0.003
Scarlet fever ...	1.63	1.72	1.83	1.46	1.55
Whooping cough ...	2.39	2.44	2.39	1.70	3.38
Diphtheria	0.04	0.05	0.04	0.07	0.01
Erysipelas	0.19	0.20	0.19	0.17	0.24
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54	9.05
Pneumonia	0.80	0.91	0.65	0.55	0.98
Acute poliomyelitis ...	0.13	0.13	0.12	0.18	0.18
Acute polioencephalitis	0.01	0.01	0.02	0.01	0.03
Food poisoning ...	0.14	0.16	0.14	0.19	0.09
Rates per 1,000 Live Births.					
Deaths.					
All causes under 1 year of age ...	32(b)	37	30	29	27
Enteritis and diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	0.84
Notifications (corrected).					
Puerperal fever and pyrexia	Rates per 1,000 Total (Live and Still) Births.				
	6.31	8.14	5.30	6.82	1.98

(a) Rates per 1,000 total population.

(b) Per 1,000 related live births.

MATERNAL MORTALITY.

International List No. and cause.	England and Wales	England and Wales	Leicestershire
	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44	Rates per 1,000 (Live and Still) Births
140 Abortion with sepsis	0.11	8	—
141 Abortion without sepsis	0.05	4	—
147 Puerperal infections	0.11	—	0.33
142-146, 148-150 Other maternal causes	0.71	—	0.49

TABLE 3.—NOTIFIABLE DISEASES.

DISEASE.	Total cases (original notifications)		Total cases (corrected notifications)	
	Civilians	Non- civilians	Civilians	Non- civilians
Scarlet fever	534	—	529	—
Whooping cough	1,155	—	1,158	—
Acute poliomyelitis	66	—	62	—
Acute polioencephalitis	13	—	11	—
Measles	3,120	—	3,096	—
Diphtheria	15	—	3	—
Acute pneumonia	336	1	337	1
Dysentery	7	—	6	—
Acute encephalitis lethargica	1	—	1	—
Smallpox	—	—	—	—
Enteric or typhoid fever	4	—	2	—
Para-typhoid fevers	3	—	2	—
Erysipelas	82	—	81	—
Cerebro-spinal fever and meningitis	6	—	1	—
Puerperal pyrexia	14	—	12	—
Ophthalmia neonatorum	1	—	1	—
Malaria (contracted in England and Wales)	—	—	—	—
Food poisoning	4	—	34	—

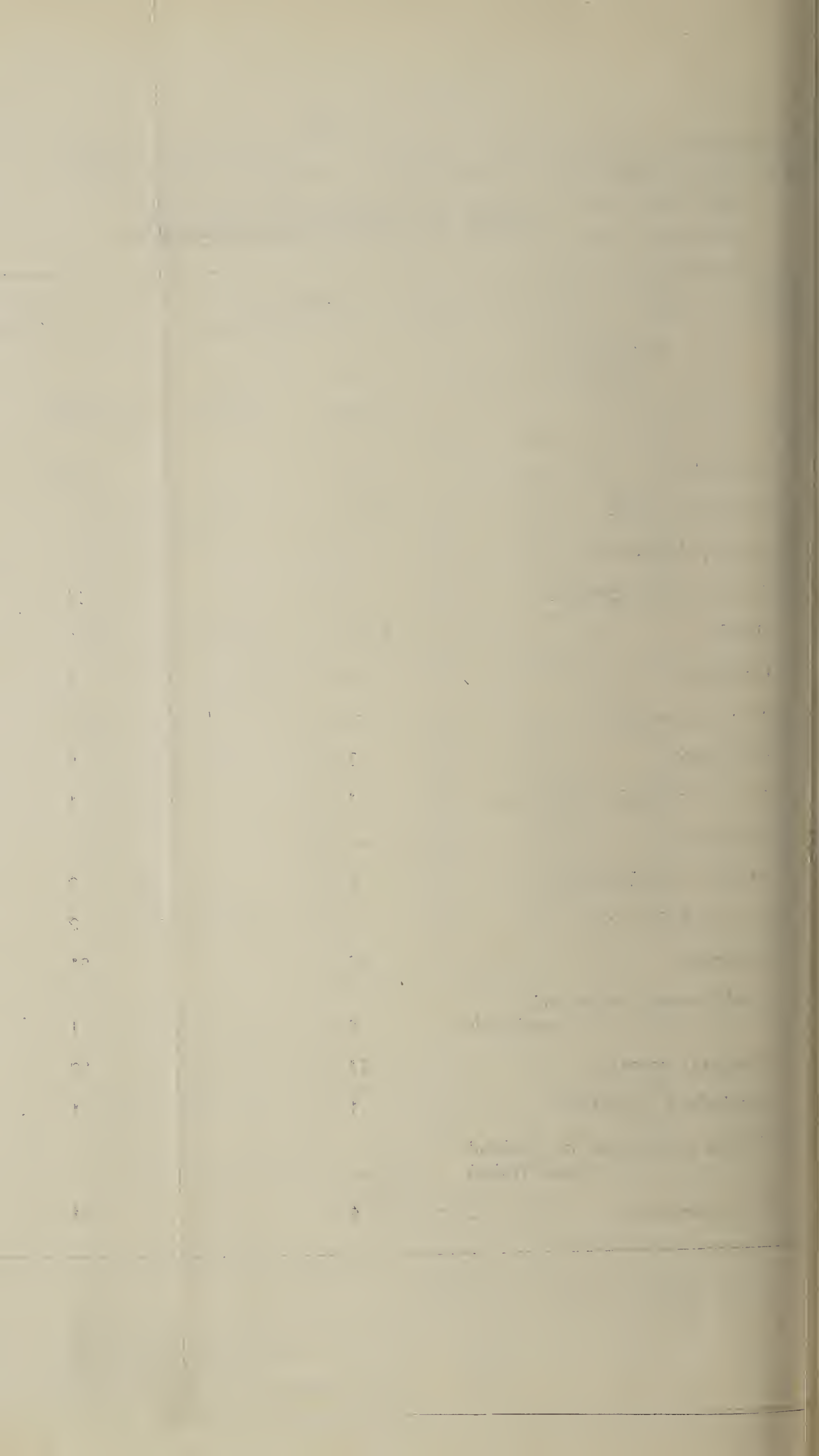




TABLE 4.—CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES IN AGE GROUPS.
(Civilians only)

DISEASE.	AGE GROUPS (YEARS).							TOTALS	
	AGE GROUPS (YEARS).								
	0-	1-	3-	5-	10-	15-	25 and over		Age unknown
Scarlet fever	1	26	100	277	71	25	23	6	529
Whooping cough	108	294	367	335	27	4	13	10	1,158
Acute poliomyelitis	2	8	13	13	8	11	7	—	62
Acute polioencephalitis	—	4	2	3	—	2	—	—	11
Measles	120	636	772	1,344	120	41	45	18	3,096
Diphtheria	1	1	—	—	1	—	—	—	3

DISEASE.	AGE GROUPS (YEARS).						TOTALS
	0-	5-	15-	45-	65 and over	Age unknown	
Acute pneumonia	61	36	92	76	67	5	337
Dysentery	—	1	4	1	—	—	6
Smallpox	—	—	—	—	—	—	—
Acute encephalitis lethargica	—	—	1	—	—	—	1
Enteric or typhoid fever	—	—	2	—	—	—	2
Para-typhoid fevers	—	1	1	—	—	—	2
Erysipelas	1	1	21	46	10	2	81
Cerebro-spinal fever	1	—	—	—	—	—	1
Food poisoning	3	1	30	—	—	—	34

DISEASE.	Age group not stated.
Puerperal pyrexia	12
Ophthalmia neonatorum	1
Malaria (contracted in England and Wales	—
Undulant fever	—

TABLE 5.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1949.

CAUSES OF DEATH.	URBAN DISTRICTS.												RURAL DISTRICTS.												WHOLE COUNTY												AGGREGATES										
	0—		1—		5—		15—		45—		65—		0—		1—		5—		15—		45—		65—		0—		1—		5—		15—		45—		65—		Urban Districts			Rural Districts			Whole County				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	M	F	Total	M	F	Total						
1. Typhoid and paratyphoid fevers
2. Cerebro-spinal fever
3. Scarlet fever
4. Whooping cough	1	1	3	1	...	1	4	1	...	2	1	1	2	3	2	5	4	3	7			
5. Diphtheria	1	1	1	1	1				
6. Tuberculosis of resp. system	...	1	...	1	13	16	14	6	6	1	1	16	20	17	4	...	3	1	1	...	1	...	29	36	31	10	6	4	33	25	58	34	27	61	67	52	119				
7. Other forms of tuberculosis	2	1	1	1	...	2	...	2	2	1	1	...	1	1	4	2	1	...	1	1	1	3	...	2	3	6	9	4	2	6	7	8	15		
8. Syphilitic diseases	1	1	...	5	...	2	1	3	1	2	...	5	...	2	3	9	...	9	1	3	4	10	3	13					
9. Influenza	1	1	...	4	4	3	1	11	6	1	4	1	15	10	5	5	10	14	7	21	19	12	31					
10. Measles	1	1	1	1	1	1	1	...	1	1	1	2	2	1	3				
11. Ac. polio-myel. and polio-encephalitis	1	2	...	2	1	1	...	3	1	3	...	5	1	4	2	6	4	...	4	8	2	10			
12. Ac. inf. encephalitis	2	1	2	...	1	...	2	...	2	1	...	1	3	...	3					
13. Cancer of buc. cav. & œsoph. (M); uterus (F)	1	1	3	5	12	5	4	5	11	9	1	1	7	10	23	14	16	11	27	15	14	29	31	25	56				
14. Cancer of stomach and duodenum	2	1	9	4	15	15	1	...	14	3	16	8	3	1	23	7	31	23	26	20	46	31	11	42	57	31	88			
15. Cancer of breast	4	...	17	...	12	6	...	17	1	13	10	...	34	1	25	...	33	33	1	36	37	1	69	70				
16. Cancer of all other sites	1	5	5	43	15	63	26	2	1	...	6	8	33	28	80	49	3	1	...	11	13	76	43	143	75	111	47	158	120	87	207	231	134	365		
17. Diabetes	2	...	2	2	3	2	1	1	3	3	8	1	1	2	...	2	5	6	10	7	4	11	4	12	16	11	16	27			
18. Intra-cranial vascular lesions	2	1	16	27	87	108	2	2	24	26	73	92	4	3	40	53	160	200	105	136	241	99	120	219	204	256	460			
19. Heart diseases	15	4	72	30	154	202	10	7	56	34	209	266	25	11	128	64	363	468	241	236	477	275	307	582	516	543	1059		
20. Other dis. of circ. system	1	11	12	38	34	9	5	31	25	1	20	17	69	59	49	47	96	40	30	70	89	77	166			
21. Bronchitis	1	1	1	1	...	16	6	38	22	4	1	4	2	10	4	36	33	5	1	2	5	2	26	10	74	55	57	29	86	54	40	94	111	69	180		
22. Pneumonia	11	6	1	5	...	1	...	1	6	3	17	14	5	5	1	1	2	...	1	1	8	3	16	12	16	11	2	6	2	1	1	2	14	6	33	26	35	30	65	33	22	55	68	52	120		
23. Other resp. dis.	3	1	4	3	9	10	1	1	...	1	1	8	3	9	1	1	1	...	4	2	12	6	18	11	16	14	30	20	5	25	36	19	55	
24. Ulcer of stomach or duodenum	2	1	5	2	4	2	1	...	9	...	5	2	3	1	14	2	9	4	11	5	16	15	2	17	26	7	33		
25. Diarrhoea under 2 years	1	3	1	1	3	1	
26. Appendicitis	1	1	...	2	1	...	1	4	2	1	1	1	1	1	4	...	1	2	3	1	4	...	4	5	5	10	9	5	14		
27. Digestive dis.	2	3	4	5	4	9	1	...	1	1	1	8	5	12	16	1	...	1	...	2	...	1	4	12	10	16	25	10	17	27	23	22	45	33	39	72		
28. Nephritis	4	1	5	5	13	11	2	2	6	6	22	15	6	3	11	11	35	26	22	17	39	30	23	53	52	40	92		
29. Puer. & post-abort. sepsis	2	2	
30. Other maternal causes	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...											

TABLE 6.

CAUSES OF DEATH IN ADMINISTRATIVE AREAS. 1949.

Causes of Death.	Ashby-de-la-Zouch U.D.		Ashby Wolds U.D.		Coalville U.D.		Hinckley U.D.		Loughborough M.B.		Market Harborough U.D.		Melton Mowbray U.D.		Oadby U.D.		Shepshed U.D.		Wigston U.D.		Ashby-de-la-Zouch R.D.		Barrow-upon-Soar R.D.		Billesdon R.D.		Blaby R.D.		Castle Donington R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Melton & Belvoir R.D.		Totals U.D.'s		Totals R.D.'s		Totals Whole County.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
All Causes.	42	45	17	15	156	129	216	180	184	192	66	62	90	65	33	32	42	25	68	72	98	72	260	221	37	38	195	184	53	47	63	74	126	121	62	54	110	108	914	817	1004	919	3654
1 Typhoid and paratyphoid fevers
2 Cerebro-spinal fever
3 Scarlet fever
4 Whooping cough	1	1	1	1	1	1	1	1	1	3	2	7
5 Diphtheria	1
6 Tuberculosis of respiratory system	...	1	1	...	9	4	9	8	4	8	4	1	5	2	1	1	2	3	16	11	7	3	...	2	2	1	5	6	1	...	1	1	33	25	34	27	119
7 Other forms of tuberculosis	1	...	1	1	...	1	...	1	...	1	1	...	1	2	1	1	1	1	1	...	3	6	4	2	15	
8 Syphilitic diseases	1	1	1	...	1	1	2	9	...	1	3	13		
9 Influenza	1	1	1	1	...	1	1	3	1	...	1	...	1	3	1	3	...	5	2	1	1	2	1	1	5	5	14	7	31	
10 Measles	1	1	1	1	1	1	1	3	
11 Acute polio-myelitis and polio-encephalitis	...	1	1	...	2	1	1	1	1	1	4	2	4	...	10		
12 Acute infectious encephalitis	1	...	1	1	2	...	1	...	3		
13 Cancer of b. cav. & oesoph (M)	
14 Cancer of stomach & duodenum	2	1	...	1	2	3	5	2	4	3	1	1	2	4	4	...	1	1	4	1	2	2	1	1	1	4	16	11	15	14	56	
15 Cancer of breast	...	3	2	1	3	1	5	5	8	2	2	2	1	1	...	2	...	2	4	1	10	3	5	...	4	26	20	31	11	88		
16 Cancer of all other sites	...	2	4	...	5	...	5	...	6	5	...	3	5	8	...	2	1	8	...	1	...	3	33	1	36	...	70		
17 Diabetes	4	3	2	1	18	6	29	11	23	11	7	6	13	3	6	1	3	2	6	3	7	7	38	21	4	6	22	15	4	3	7	9	17	14	4	5	17	7	111	47	120	87	365
18 Intra-cran. vasc. lesions	...	1	1	1	1	2	1	2	2	1	3	7	4	4	12	27		
19 Heart diseases	5	9	1	3	15	25	25	34	30	29	4	12	11	8	4	6	4	3	6	7	12	8	21	33	2	1	26	26	3	8	8	5	10	18	2	9	15	12	105	136	99	120	460
20 Other diseases of circ. system	16	11	3	6	42	32	57	50	43	63	16	14	22	20	13	14	7	3	22	23	24	26	60	67	12	14	47	64	14	13	24	35	35	37	24	19	35	32	241	236	275	307	1059
21 Bronchitis	...	1	7	7	14	14	14	13	...	3	5	2	3	1	3	3	3	3	1	1	14	8	2	1	8	9	2	1	1	1	5	5	2	...	5	4	49	47	40	30	166
22 Pneumonia	4	1	1	...	9	6	15	7	9	5	8	4	2	2	...	2	4	...	5	2	7	5	15	3	1	2	7	3	5	3	1	6	10	9	2	1	6	8	57	29	54	40	180
23 Other respiratory diseases	2	1	1	1	5	6	7	5	8	7	3	1	5	5	2	...	1	1	1	3	2	3	10	9	2	2	6	1	1	1	1	2	1	4	2	5	2	35	30	33	22	120	
24 Ulcer of stomach or duodenum	1	...	3	1	4	2	1	...	3	5	1	2	1	2	1	1	1	1	5	4	1	1	2	2	2	...	2	3	1	1	...	16	14	20	5	55	
25 Diarrhoea under 2 years	1	...	1	...	4	1	...	2	2	1	1	...	1	1	1	5	1	3	...	2	2	11	5	15	2	33			
26 Appendicitis	2	2	1	1	1	2	3	5	
27 Other digestive diseases	1	1	...	2	1	1	1	...	1	4	5	5	14	
28 Nephritis	2	2	2	1	4	2	3	...	1</																															

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